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MEDICAL WORK IN THE CITY PUBLIC SCHOOLS

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Baltimore, 1921

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By

G. Huntington Williams, M.D.

School of Hygiene and Public Health

Johns Hopkins University

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MEDICAL WORK IN THE CITY PUBLIC SCHOOLS

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This report is the result of a trimester's work devoted to a survey of some of the aspects of the medical work which is being done in the public schools of Baltimore. This study was made possible through the kindness of Dr. Warren Buckler, and the City Health Department. A preliminary report has already given some idea of this study as it was progressing.

In order to focus attention on some particular phase, an effort was made to see what association, if any, existed between malnourishment among the public school children and the presence of such physical defects as diseased tonsils, decayed teeth, mouth-breathing, etc. A total of 5,369 children were studied, in nine schools, chosen to represent varying economic levels and different racial groups. 1,316 of these children, or 24.4%, were found to be malnourished, (that is ten percent or more under weight for their height and age.[1]) Of this malnourished group 369

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(1) The figures in parentheses, used throughout this report refer to corresponding figures in the Bibliography found on pages 19 and 20.

were examined physically. (144 children in School #22 had been examined by Dr. Buckler, and 225 were examined by the writer.) Of those examined, 265 or 74% were found to have one or more of the common physical defects of the school age.

During the period of study, the first part of the time was devoted to weighing and measuring the children in Schools #76 and #101. Individual record cards were given to each pupil showing height, actual weight and normal weight. This was followed by an analysis of the results in these schools, and of similar weight and measurement records for the children in Schools #12, #6, #4 and #108, and also in two parochial schools on Locust Point, in order to separate out the malnourished children for further study. All the malnourished children in School #76 (save five absentees) were examined physically, and a similar group in each of Schools #12, #101 and #108. A standard routine was used, which covered: the name, age, grade, clothing, nutrition, color, nervous stability, general mentality, hair, skin, ears, eyes, glandular system, breathing, teeth, tonsils, spine, heart, lungs, chest expansion, and evidence of vaccination. As each child was only seen once, and as nearly all were under fifteen years old, no accurate information in re-

gard to the presence of tuberculosis was obtainable. The physical findings in the malnourished children in School #22, after examination by Dr. Buckler, and in School #6 by Dr. Reinhard are also incorporated in this report.

School	Section A. Total Pupils	Malnourished Pupils	Percent	Section B. Malnourished Pupils Examined	Defective Children found	Percent
Section I						
#76	775	138	17.8	133	89	67.
Parochial I	218	28	12.8	0		
" II	905	160	17.7	0		
Section II						
#101	1112	266	23.9	31	28	90.
#108	269	71	26.4	34	26	76
Section III						
#12	488	155	31.7	27	27	100.
#6	700	199	28.4	(199 examined by Dr. Reinhart)		
#4	398	155	39.	0		
#22	504	144	28.5	144 (Examined by Dr. Buckler)	95	66.
Total 9 (For schools)	5369	1316	24.4%	369	265	74%

Section C.

	Teeth	Tonsils	Eyes	Ears	Mouth-Breathing	Scabies	Miscellaneous
(Number)	46	56	16	3	6	3	—
(percent)[1]	35.	42.	12.	2.3	4.5	2.3	
(No.)	12	23	0	1	6	1	
(%)	39.	74.	0	3.2	19.	3.2	
(No.)	11	20	3	4	-	-	Mental Defects 2
(%)	32.	59.	8.8	11.7	-	-	" " 5.9
(No.)	24	17	5	-	-	2	" " 2
(%)	89.	63.	18.5			7.4	" " 7.4
(No.)	73	46	30	6	41	2	Pediculosis 9 Blepharitis 4
(%)	37	23	15	3	20	1	5 2

(Teeth only in 29 (20% of those examined)
) Tonsils and adenoids only in 45 (31%)
(Teeth, tonsils & adenoids in 21 (14%)

Note: The percentages given in Section C represent the percentage of the malnourished children examined, who showed each defect.

Table. To follow page 3.

The table shows for each school in this study:

In Section A: The total number of pupils who were weighed and measured. The number of malnourished children. The percentage of malnourished children.

In Section B: The number of malnourished children who were examined physically. The number found having one or more common defect, among the malnourished children who were examined. The percentage of defective children found among the malnourished children who were examined.

In Section C: Are given the numbers of children showing each of several common defects; and the percentage which they constitute of the total number of malnourished children who were examined.

The nine schools are grouped as follows:

In Section I Public School #76,

Parochial School I (Our Lady of Good Counsel),

Parochial School II (Star of the Sea).

These three schools are on Locust Point. The children are all white, members of well paid working families, of mixed native, and foreign parentage. The physical environment is good.

In Section II: Public School #101,

Public School #108.

These two schools are for colored children only. They repre-

sent the average economic status of the negro population.

In Section III: There are four schools for white children in the poor districts of the city.

School #12 has children of poor, mixed native and foreign parentage.

School #6 - poor, mostly foreign parentage.

School #4 - poor, mostly Jewish parentage.

School #22- poor, mostly native parentage.

As has been pointed out, therefore, among the 369 malnourished children who were examined, 265 or 74% were found to have one or more of the common physical defects. This means that 26% of this malnourished group showed no such defect. No study was made of the children of normal weight, or less than 10% underweight, in some of whom similar defects could be found. No figures were kept on the sex distribution of malnourishment in this study. However, there was no outspoken preponderance noticed either of the boys or girls. (In Parochial School II, out of a group of 474 pupils, 40 boys and 49 girls were found to be malnourished.) No record was kept of the overweight children, but those grossly overweight constitute a much smaller group than do the malnourished children.

Among the malnourished children a distinct impression was obtained that a certain group, roughly 15 percent, were healthy children but simply over-grown, and not yet filled out for their height. [Dr. Rinehard reported a similar impression after examining 700 children in School #6, and added that he was also struck by finding many more eye defects among girls than boys.] Malnourishment in another group, who showed no physical defects, could be attributed to improper feeding. Such histories were easily obtainable, and this impression is strengthened by noticeable nutritional improvement after instituting improved feeding. It seems probable that in the majority of malnourished school children, physical defects go hand in hand with improper feeding and it is difficult to evaluate properly these two causative factors. Certain it is that malnourishment may result from the action or interaction of one or a number of related causes. It is interesting to note that Dr. William R. P. Emerson of Boston, who for several years has been conducting nutrition classes with the aim of bringing the under-nourished child up to normal standard of weight and health, gives the following five causes for malnutrition. (2)

1. Physical defects, (principally obstructions to the breathing passages)
2. Lack of home control. (disorganized family)

3. Over-fatigue. (A too strenuous school program too little rest, too much nervous stimulation, etc.)

4. Insufficient food and faulty food habits.

5. Faulty health habits.

In a recent publication of the Children's Bureau of the U. S. Department of Labor, entitled "What is Malnutrition," (3) the causes of undernourishment are divided into Specific Causes, including faulty diet, insufficient sleep, fatigue, defects and diseases; and then Underlying Causes such as poverty, ignorance, and lack of parental control. In this pamphlet we read that "insufficient or unsuitable food and drink is generally conceded to be the chief cause of undernutrition," and further that "enlarged and diseased tonsils, adenoids, decayed teeth, tuberculosis and syphilis, are also causes of undernutrition. --- Bad teeth may be the result of undernutrition, but they may in turn help to cause it. They may become sources of infection similar to tonsils and adenoids. --- Probably the most active agent in tearing down the body, once it attacks it, is tuberculosis. --- It will be seen that all these factors - diseased tonsils, adenoids, decayed teeth, and tuberculosis may be results as well as causes of malnutrition. When these physical defects are present they become even more important than food or

sleep in causing undernutrition."

It is of interest to compare the percentage (74%) of children with physical defects found among the 369 malnourished children who were examined in Baltimore with some statistics of larger groups of school children in New York City for 1917, 1918 and 1919.[1] In New York in 1917, 328,190 children were examined for physical defects. This included children of normal weight as well as undernourished ones. 78% of them were found to have physical defects.(4)(5) In 1918, out of 247,735 examined, 77% had physical defects, and in 1919, out of 184,080, 73.9% were found to have physical defects. Although the group of malnourished children who were examined in Baltimore was relatively a small one, there is a striking similarity in the percentage of children found with physical defects. The question may be raised, - would a similar percentage of defectives be found if all the children had been examined (as was done in New York) instead of merely the malnourished ones (as in Baltimore); and if so, what light would this throw on the probability of these defects being etiological factors in malnutrition?

In all the schools visited there was shown a very active interest and desire to cooperate on the part of the

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[1] See page 16 of this report.

principals, teachers, and children. The recent organization of a milk campaign in the schools has done much to stimulate interest in health matters, and in the weights and measures of the children. The principals in several schools seemed eager at this time to put into effect a thorough-going health organization in their schools.

In the new building for Public School #76, now under construction at Locust Point, three separate groups of rooms are being planned especially for health activities, including a local community dispensary. (See appendix 1) Special studies and reports have been made by representatives of the Johns Hopkins School of Hygiene in regard to the proposed lighting and ventilating systems in this new building, and space there is being reserved for future experimental study of ventilation problems and their relation to the health of the pupils. (6)(7)(8)(9) There is appended a class room weight chart, similar to those prepared by the teachers of each class in colored school #101, charts which greatly facilitated the work in that school. (See appendix 2)

NEW YORK
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Late in May a visit was made to the public schools in New York City, under the guidance of the Medical Supervisor, an agent of the City Health Department. Here the medical work done by the Health Department is under two separate bureaus. All infectious diseases in the schools are under the Bureau of Preventible Diseases, which has its own nursing staff. Quite apart from this is the Bureau of Child Hygiene which controls the physical examination and supervision of school children, and also directs infant welfare work, midwifrey control, and the pre-school age. It has its own corps of doctors and nurses.

In the Borough of Manhattan there are about 400,000 school children. To carry out its work in the schools in this borough, the Bureau of Child Hygiene is at present staffed as follows: There are:

2 full-time physicians; one a borough chief, the other a supervisor who has been 17 years at this work. Each receives a salary of $3500 a year.

3 part-time physicns as supervisors.

30 part-time physicians, who spend three hours a day, six days each week in school medical work. Each receives a

salary of $1700 a year.

5 part-time specialists, who spend three hours, every afternoon in eye clinics, and two in dental clinics, located in chosen schools scattered through the borough.

5 full-time supervising nurses.

90 full-time school nurses. The work continues throughout the year but a month's vacation is provided in the summer. As in every branch of the New York Health Department, excepting the Commissioner of Health, these positions are filled by Civil Service Examination. It is the belief of the Bureau of Child Hygiene that under city conditions a medical inspector (a physician spending three hours daily in school work) can care for at least 5,000 children, and a nurse for each 3,000. It is added, however, that assignments of one doctor to each 9,000 children, and a nurse to each 4,000 are as nearly ideal as can reasonably be expected at the present time.(4)

It is designed that the physician assigned to each school should examine the members of the 1st, 3rd and 6th grades each year. He spends three hours at the school on one or two assigned days each week, according to the number of schools in his district. In addition, the school nurse "routines" each class once a month. The writer attended

such a routine, which consisted of each member of the class being rapidly inspected by the nurse for lice, acute eye trouble, sore throat and skin disease. ("Hands, eyes, mouth, head.") Each child is to be inspected every morning by the teacher, and children showing any signs of illness are referred to the doctor or nurse. An excellent wall chart, giving the principal signs and symptoms of the infectious diseases, with rules for isolation and exculsion from school is posted in each school for the use of the teachers.

The results of the physical examinations are recorded on the back of each pupil's scholastic record card, a 5" x 8" card, which is blue for boys and white for girls. (See appendix 3) The same record is kept on a "stub" card, a 4" x 6" card, which constitutes the Health Department record and is used to check upon treatments and operations, to record re-examinations by the physician, and the results of home visits made by the school physician or nurse.(10) There is space on the large card for recording past histories of the following infectious diseases: Measles, Scarlet Fever, Pneumonia, Pertussis, Diptheria, and Grippe. A special record book is kept in each school, in which is entered every case of infectious disease in that school, either in a pupil or a member of the family, with the date of report and date of return

to school. (See appendix 4) A bulletin is printed daily by the Bureau of Preventible Diseases and mailed to each school nurse, giving the name and address of every case of infectious disease reported that day in the City, and the school nurse uses this to check up on her sick absentees.

The physicians are allowed by law to examine the boys stripped to the waist, but they must examine the girls through their clothing. No cardiac disease is recorded unless two physicians agree on the diagnosis, and only organic lesions are recorded. Any pupil with an organic heart lesion has a red seal affixed to both sides of his record card, and these children are given special consideration by the teachers in fire drills, gymnastics, etc. In the examinations which were witnessed, vision was tested by reading numbers (on Snellen Charts) rather than letters, for numbers are identical in more languages than are letters, and the New York School population is drawn very largely from foreign parentage. Hearing was tested by loud whispering at a distance. The degree of tonsillar hypertrophy was recorded as grade 1, 2, 3 or 4. Grade 1 means slight hypertrophy, grades 2 and 3 increasingly severe, up to grade 4 which represents huge infected tonsils requiring operation. Defective teeth are recorded as being either in the temporary or permanent dentition; and

both groups are included in statistical studies. In order to avoid embarrasing the children, a code of numbers has been fixed upon to represent certain medical conditions, which are spoken of not by name but by their code numbers. 2, 4, 6, and 8 refer to increasingly severe pediculosis infestation. 2 is very slight (nits), 4 and 6 are more severe forms, and 8 is used where live pediculi are present. Number 8 cases are excluded from school until treated. Other numbers in this code are: 1. Diptheria; 3. Tonsillitis; 5. Acute Conjunctivitis; 7. Trachoma; 10. Scarlet Fever; 11. Measles; 12. Varicella; 13. Pertussis; 14. Mumps; 16. Scabies; 17. Impetigo; 18. Ringworm; 19. Favus; 20. Molluscum contagiosum.

NUTRITION:

Nutrition is recorded as grade 1, 2, 3 or 4 according to the Dunfermline scale.[3][1] Here grade 1 means excellent nutrition, 2 good, 3 needing supervision, 4 needing medical care. Although there is space on the record card for weight and height, it is not being used, and at the present time the child's nutrition is graded solely by his appearance and by feeling his musculature. Owing to the magnitude of the school population in New York City (about 900,000 in 1918) it has not been practicable to weigh the children on scales, or measure them.

In 1919 [5] a special survey of nutrition was made in 43 schools, covering 70,584 children, (by Dunfermline scale) with the following results:

Grade 1 Cases - 9,636 (13.7%)

Grade 2 Cases - 38,493 (54.6%)

Grade 3 Cases - 17,571 (24.8%)

Grade 4 Cases - 4,884 (6.9%)

The grade 3 and 4 cases correspond roughly to the malnourished group in the Baltimore study. Among the 43 New York schools the percentage of malnutrition varied from 17% to 61%, with a general average of 32%.

A visit was made to Public School #43 where there is a special Demonstration School Health Center. An intensive nutritional survey is being made at the present time in this school, under the joint auspices of the City Health Department, the Red Cross, and The Teachers College. The school physician is now in the process of checking up on his Dunfermline records by weighing the children on scales, and measuring them.

PHYSICAL DEFECTS:

During 1919 [5], 248,978 children in schools were examined for physical defects, with the following results:

Number found with defective teeth..... 155,218 (62%)

Number found with hypertrophied tonsils 38,151 (15%)

Number found with defective breathing.. 28,986 (11.6%)

Number found with defective vision 17,895 (7%)

Number found with defects of teeth only 92,812 (37.3%)

Number found with defects, other than teeth only. 91,268 (36.6%)

Total number found with defects 184,080 (73.9%)

As contrasted with these findings in 1919, the following figures have been reported[4] for New York school children in 1917 and 1918:

1917: 328,190 children were examined, of which 78% were found to have physical defects.

1918: 247,735 children were examined, of which 77% were found to have physical defects.

Several open-air classes, sight-conservation classes, and classes for Mental Defectives were visited. There was nothing unusual about these classes. The weight of every open-air pupil is recorded on his record card every month, and is also posted conspicuously on a class room weight chart.

These and other special classes are under the supervision of the Department of Education. There is appended a recent annual report describing the work of these classes. (See appendix 5)

Two eye clinics were at work during our visits to the schools. At one we saw applied the intensive bichloride treatment for trachoma. The work of the eye clinics is three-fold. 1st. The detection and treatment of contagious eye diseases. 2nd. The detection of refractive errors. 3rd. The detection and supervision of partially sighted and blind children. Together with the last mentioned work goes that of the sight-conservation classes. (See appendix 5) In these classes children with very poor vision are constantly supervised by an occulist, with a view to the prevention of progressive myopia, along the lines of similar work carried on in the public schools of London, England. Special books with very large type are used. The New York City Health Department recommends (5) that the lighting of public schools receive more serious attention than it has in the past -- as poor school lighting is undoubtedly the cause of a great deal of myopia. The New York health authorities believe that there should be a sight-conservation class for every 10,000 pupils. Of interest in the 1918 annual report of the Health Department

is the importance attached to the physical examination of children of the pre-school age (from 2 to 6 years).[4][7] This offers an immense field for preventive medicine of the highest type, and is similar to the work which has recently been inaugurated by the Bureau of Child Hygiene in the Baltimore City Health Department.

In conclusion, it should be noted that this report seeks to touch only upon selected aspects of school hygiene. Reference has already been made to excellent volumes on this subject by Kelynack[9] and by Gulick and Ayres[10]. In addition mention should be made of a journal published quarterly in England called "School Hygiene," -- the official organ for the Medical Officers of Schools Association.

G. Huntington Williams. M.D.

1921.

BIBLIOGRAPHY

(1) Holt, L. Emmett, M.D.: "Standards of Growth and Nutrition," in American Journal of Diseases of Children, Vol. 16, 1918, p. 359.

(2) Wood, Mrs. Ira Couch: "Nutrition Classes for Undernourished children," reprinted from the Transactions of the Sixteenth Annual Meeting of the National Tuberculosis Association.

(3) Roberts, Lydia: "What is Malnutrition?" Bureau Publication #59, Children's Bureau, U. S. Department of Labor.

(4) Annual Report of the Department of Health of the City of New York, for 1918.

(5) Baker, S. Josephine, M.D. and Sobel, Jacob, M.D.: "School Medical Inspection in New York City during 1919," in Monthly Bulletin of Department of Health, New York City, September, 1920.

(6) Baker, S. Josephine, M.D.: "Class Room Ventilation and Respiratory Diseases among School Children," Elizabeth McCormick Memorial Fund reprint.

(7) Cleveland Hospital and Health Survey, Part III, "A Program for Child Health" pp. 297-301, 315-318, 285-87.

(8) Framingham (Mass.) Monograph #6, "Schools and Factories" pp. 6-12.

(9) Kelynack, T. N., M.D.: Editor of "Medical Examination of Schools and Scholars," P. S. King and Son, London, 1910. pp. 17-21.

(10) Gulick, L. H.,M.D., and Ayres, L. P., Ph. D.: "Medical Inspection of Schools," Russell Sage Foundation, N.Y., 1917, pp. 54-57.

APPENDICES
-:-

1. Baltimore Municipal Journal, August 20, 1920, pp. 4-5.
2. Class Room Weight Chart. Grade 5 B^{2} School #101.
3. Blue and White "Physical Examination Record" cards. New York.
4. "Contagious Diseases in Schools," Special Record book. New York.
5. "Reports on Special Clases", Department of Education, City of New York, 1916-1917.

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F. B. 352—An ordinance granting permission to Charlotte Sullivan to enclose the porch in the rear of her premises, 1616 N. Port Street, for use as a kitchenette.

F. B. 357—An ordinance granting permission to John W. Hawkins to erect a platform and booth in the rear of premises Nos. 930-932 McCulloch Street for the purpose of conducting open-air moving picture shows.

F. B. 370—An ordinance granting permission to Nicholas Sebour to enclose porch in the rear of his premises, 707 S. Ellwood Avenue, for use as a kitchenette.

F. B. 371—An ordinance granting permission to Henry Greif to erect a kitchenette in the rear of his premises, 3105 Fait Avenue.

F. B. 373—An ordinance granting permission to the Volunteers of America to erect in the rear of 418 W. Lexington Street frame elevator enclosure with connecting corridor.

F. B. 375—An ordinance granting permission to Arthur Wanner to enclose with glass the second-story porch in the rear of his premises, 243 Luzerne Street.

F. B. 378—An ordinance granting permission to John Vleck to extend and enclose the shed in rear of his premises, 2001 Ashland Avenue, for use as a kitchenette.

F. B. 379—An ordinance granting permission to Louis H. Moreland to enclose the porch in rear of his premises 2409 E. Federal Street for use as a kitchenette.

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Name _____ (Family / Given) Born _____ (Mo.–Da.–Yr.) Emp. Cert. No.

Parent _____ Special Aptitudes _____ 7B Geog.

Attended _____ days from 13th birthday to end of term

No.	Street	Fl.	No.	Street	Fl.	No.	Street	Fl.	No.	Street	Fl.	No.	Street

School	Bor.	Date Entered	Class	Present	Abs.	Late	Con.	Wk.	Not proficient in	School	Bor.	Date Entered (Mo.–Da.–Yr.)	Class	Present	Abs.	Late	Con.	Wk.	Not proficient in

DEPARTMENT OF EDUCATION. Apprentice 3 PUPIL'S RECORD. Girls CITY OF NEW YOR

Name _____ (Family / Given) Born _____ (Mo.–Da.–Yr.) Emp. Cert. No.

Parent _____ Special Aptitudes _____ 7B Geog.

Attended _____ days from 13th birthday to end of term

No.	Street	Fl.	No.	Street	Fl.	No.	Street	Fl.	No.	Street	Fl.	No.	Street

School	Bor.	Date Entered	Class	Present	Abs.	Late	Con.	Wk.	Not proficient in	School	Bor.	Date Entered (Mo.–Da.–Yr.)	Class	Present	Abs.	Late	Con.	Wk.	Not proficient

History of Measles ☐ Pneumonia ☐ Diphtheria ☐
Scarlet fever ☐ Pertussis ☐ Grippe ☐

Teacher's records are to be limited to the column marked "Exam", where evident defects should be checked (v)

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Health, City of New York, Bureau of Child Hygiene.

Dept. of Education, City of New York, Division of Educational Hygiene

PHYSICAL EXAMINATION RECORD

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History of Measles ☐ Pneumonia ☐ Diphtheria ☐
Scarlet fever ☐ Pertussis ☐ Grippe ☐

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For Teachers

Teacher's records are to be limited to the column marked "Exam", where evident defects should be checked (v)

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	2nd		4th		5th		7th		8th	
ect	Exam.	Treatment Re-Exam.	Exam.	Treatment Re-Exam.	Exam.	Treatment Re-Exam.	Exam.	Treatment Re-Exam.	Exam.	Treatment Re-Exam.
fective Vision, with Glasses										
" " without Glasses										
" Hearing										
" Teeth										
" Nasal Breathing										
pertrophied Tonsils										
trition										
rdiac Disease										
lmonary Defect										
thopedic										
rvous Disease										
ight										
ight										

marks

pector or Nurse

EXAMINATION	KIND OF TREATMENT	RESULT FOUND ON RE-EXAMINATION
de: Defect Nutrition Grading Eye Strain 1: Excellent 3: Fair 2: Good 4: Poor	G: Glasses M: Medical P: Private Physician D: Dentist O. Operation I: Institution R: Refused Treatment	O.K: Corrected or Cured +: Improved —: Unimproved

t. of Health, City of New York, Bureau of Child Hygiene.

Dept. of Education, City of New York, Division of Educational Hygiene

Appendix 4

orm No 36K

25 2082 18-B

DEPARTMENT OF HEALTH

NEW YORK CITY

Contagious Diseases in Schools

School _____ Borough _____

SANITARY CODE OF THE DEPARTMENT OF HEALTH, Section 145.

"No principal of any school, and no parent, master or custodian of any child or minor (having the power and authority to prevent) shall permit any child or minor having scarlet fever, diphtheria (croup), small-pox or any dangerous, infectious or contagious disease, or any child in any family in which any such disease exists or has recently existed to attend any public or private school until the Board of Health shall have given its permission therefor, nor in any manner to be unnecessarily exposed, or to needlessly expose any other person to the taking or to the infection of any contagious disease."

To control contagious diseases in accordance with the above section of the Sanitary Code, whenever two or more pupils are absent from a class at the same time on account of the same disease, the teacher will report this fact immediately to the doctor or nurse of the Health Department visiting the school.

rade. Room. Teacher

NAME OF PUPIL	ADDRESS	DISEASE	CASE	IN FAMILY	DATE REPORTED	DATE RETURNED

Grade..... Room..... Teacher.....

NAME OF PUPIL	ADDRESS	DISEASE	CASE	IN FAMILY	DATE REPORTED

ade. Room Teacher

ME OF PUPIL	ADDRESS	DISEASE	CASE	IN FAMILY	DATE REPORTED	DATE RETURNED

Grade..... Room..... Teacher.....

NAME OF PUPIL	ADDRESS	DISEASE	CASE	IN FAMILY	DATE REPORTE

Room Teacher.

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Grade..... Room..... Teacher.....

NAME OF PUPIL	ADDRESS	DISEASE	CASE	IN FAMILY	DATE REPORTED

ade _____ Room _____ Teacher _____

AME OF PUPIL	ADDRESS	[illegible]	CASE	IN FAMILY	DATE REPORTED	DATE [illegible]

Grade..... Room..... Teacher.....

NAME OF PUPIL	ADDRESS	DISEASE	CASE	IN FAMILY	DATE REPORTED

ade. ____ Room Teacher ____

AME OF PUPIL	ADDRESS	DISEASE	CASE	IN FAMILY	DATE REPORTED	DATE

Grade..... Room..... Teacher.....

NAME OF PUPIL	ADDRESS	DISEASE	CASE	IN FAMILY	DATE REPORTED

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DEPARTMENT OF EDUCATION
THE CITY OF NEW YORK

NINETEENTH ANNUAL REPORT OF THE SUPERINTENDENT OF SCHOOLS

1916 — 1917

REPORTS ON SPECIAL CLASSES

MENTAL DEFECTIVES
OPEN AIR CLASSES
THE BLIND
CLINIC FOR INFECTIOUS EYE DISEASES
THE DEAF
THE CRIPPLED
INDUSTRIAL AND PLACEMENT WORK
SPEECH IMPROVEMENT
VISITING TEACHERS

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SPEECH IMPROVEMENT

VISITING TEACHERS

PRESENTED TO THE BOARD OF EDUCATION
JUNE 19, 1918

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LETTER OF TRANSMITTAL

New York, December 1, 1917

To the Board of Education:

Ladies and Gentlemen:

I have the honor to present to you the reports on mentally and physically handicapped children and visiting teachers, for the year 1916-17, as prepared by Assistant Superintendent Andrew W. Edson.

Respectfully yours,

GUSTAVE G. HEBENMULLER,
Acting Superintendent of Schools.

Mr. William H. Maxwell,
Superintendent of Schools.

Dear Sir:

I submit herewith reports on the education and training of mental defectives; of anemic, tuberculous, blind, deaf, and crippled children; of children in the infectious eye clinic; on industrial and placement work for physically handicapped children; of children having speech defects; and reports by the visiting teachers.

Miss Farrell, Inspector of Ungraded Classes, gives special attention to a survey of children in the ungraded classes in The Bronx; to a school diagnosis of the mental examination of certain truant children; and to a statistical and graphic statement of the activities of public schools in the ungraded field. Her deductions from the survey and tests made are interesting and suggestive, even if not conclusive. The need of additional assistance in order to carry on this work in a satisfactory manner, is clearly and conclusively shown.

Dr. Willis of the Board of Health, who has had direct supervision of the open air classes for the past year, especially with reference to the admission and discharge of pupils, presents definite rules and regulations governing the admission of pupils to the open air classes, and the special duties devolving upon teachers in the conduct of the work. A brief summary of reports from teachers of open air classes in different sections of the city affords a good view of the work carried on in the classes. The work with open air classes, including anemic and tuberculous children, is being well organized and well looked after by the Board of Health and the Department of Physical Training of the Board of Education.

Miss Moscrip, Inspector of Classes for the Blind, summarizes the progress of instruction for the blind in the elementary and high schools of the city, and states the purpose in the organization of sight conservation classes, the plan followed in their conduct, and the results attained. The organization and conduct of sight conservation classes is one of the most hopeful aspects

of the work of the Board of Education with special classes for exceptional children. Miss Moscrip makes an earnest and convincing plea for the employment of a music teacher and of a home teacher and investigator for the blind.

The principals of schools having classes of crippled children make a brief statement of the work carried on in these classes. The work is growing rapidly owing to the increase in the number of crippled children. The per capita expense for equipment and transportation is considerable, but it should be met cheerfully. These sadly handicapped children, many of whom give promise of great usefulness, deserve the best that the city can afford. Automobile stages should be secured for each class as the means of transportation.

Miss Ronzone, a teacher specially assigned to industrial and placement work in the School for the Deaf for the past year, has had her field of work enlarged by an assignment to similar work with all physically handicapped children. For the past year she has worked with the deaf and crippled children. Her work gives promise of being of the highest value to these children in special need of help to self-supporting positions.

District Superintendent Kidd gives the general aim and program of work at the infectious eye clinic at Public School 65, Manhattan. The success of this experiment should encourage the organization of similar clinics in other sections of the city.

Miss Kearns, principal of the School for the Deaf, in her report of the year, gives prominence to the work of the school with kindergartners and beginners, especially in the line of speech and lip reading, simple and complex language, to a new course of study, and to the need of a new building for the school. This school is rendering such splendid service to the city and is housed in so poor a building that the claim for a new building deserves special consideration by the Board of Education and the Board of Estimate. The plans for a new building should be formulated at once, the money appropriated and work begun without delay.

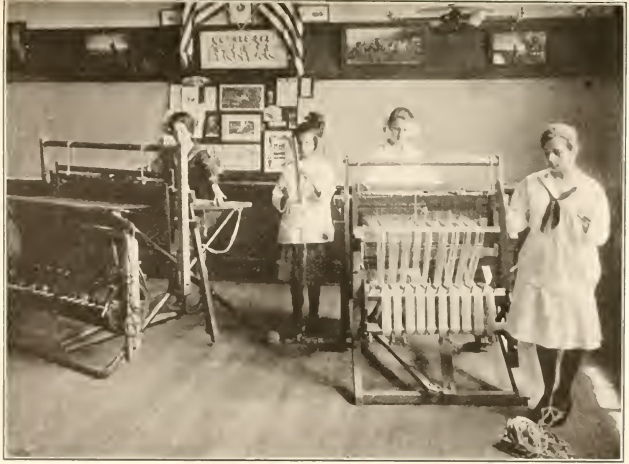
Mr. Martin, Director of Speech Improvement, urges clearly and convincingly the claims of his work in preventing and correcting speech defects. It is hoped that funds may be available

for the employment of thirty assistants during the coming year to carry on the work of speech improvement in some ninety schools.

The reports of the six visiting teachers give convincing evidence of the value of the work carried on by these helpers. The number of these visiting teachers should be very considerably increased in the year to come.

Respectfully submitted,

ANDREW W. EDSON,
Associate Superintendent.



Ungraded Classes; Rug Making—High Grade Girl

UNGRADED CLASSES

Mr. William H. Maxwell,

Superintendent of Schools.

Dear Sir:

I beg to submit herewith the tenth annual report of the work done for mentally defective children in the schools of this city. It presents for your consideration:

a. A report of a survey of the children in the ungraded classes in the Borough of The Bronx.

b. A school diagnosis made as the result of the mental examination of certain truant children.

c. A statistical and graphic statement of the activities of the public schools in this special field.

A REPORT OF A SURVEY OF THE CHILDREN IN THE UNGRADED CLASSES IN THE BOROUGH OF THE BRONX

This survey of the ungraded classes of The Bronx was undertaken that a bird's eye view might be had of the mental power of the children in them, at a given time. These classes are established to provide school opportunity for those mentally-defective children only, who can profit by attendance thereon. In determining the profit to be derived from school attendance, two factors are to be considered—educability and educational opportunity. Educability is a matter of individual, personal, mental equipment. Educational opportunity is such only when it considers the needs and capacities of those to be educated. It is true that the traditional school stigmatizes as dunce or dullard a large group of children who in a different educational environment prove to have ability along certain lines. It is to provide this different educational environment that the ungraded class is organized.

In realizing the aim of the survey, it was possible to get information on other points. This also is presented. Some of these points are:

1. Proportion of the total public school population of The Bronx on register in the ungraded classes of that borough.
2. Sex distribution of children in these ungraded classes.
3. Classification as determined by the Town revision of the Binet-Simon tests, of children in these ungraded classes.
4. Failures of children in five selected tests of the Town revision of the Binet-Simon scale
5. Variability of school attainments in reading and in arithmetic of 18 children of this study having a similar Binet score of 8
6. Children in the ungraded classes who have had a minimum training of five months and whose improvement has been slight compared with that of other children
7. Number of years these children have attended ungraded classes

PROPORTION OF THE TOTAL PUBLIC SCHOOL POPULATION OF THE BRONX ON REGISTER IN UNGRADED CLASSES

Exclusive of parochial and private schools there were 103,848 children on register in the schools of The Bronx on April 1, 1917. These children were distributed among fifty-six schools, fifteen of which have ungraded classes for mentally defective children. The total register of these classes was 411 children. They were taught in twenty-three classes with an average register of 17.8 per cent. On the basis of the 411 children under instruction, it is evident that 0.3 per cent. of the total public school population is mentally defective. It is apparent that there is at least one mentally defective child in every 252 school children in the Borough of The Bronx.

It has been established by the English Royal Commission that the percentage of mental defectives in the school population in urban districts like Birmingham, is 1.12; in Manchester, 1.24; and in Lincoln, 1.10. It is seen therefore, that there is at least one mentally defective child in every 85 school children in those districts of England. (Feeble-mindedness in Children of School Age, Lapage, page 20.)

An intensive study of 2,500 public school children conducted by the Nassau County Survey Committee revealed the fact that there were 182 abnormal children in this group. Of these, 39 or 1.6 per cent. are reported as definitely feeble-minded and 14 others, or 0.6 per cent., as probably feeble-minded. This represents a total of 2.2 per cent. of the entire group of 2,500. There is, therefore, at least 1 mentally defective child in every 47 school children in this locality, with the probability of 1 in every 50. If the conservative percentage of 1.6 per cent. be applied to the Borough of The Bronx, there are 1,661 children in that borough who are definitely feeble-minded. The chances are that in this particular locality there is as much feeble-mindedness as exists in Nassau County, New York. To meet this need, it would be necessary to organize immediately 60 additional ungraded classes to care properly for the mentally defective children now in the regular classes of the public schools of The Bronx.

SEX DISTRIBUTION OF CHILDREN IN UNGRADED CLASSES IN THE BRONX

During the period of this survey there were 258 boys and 103 girls on register in the ungraded classes of The Bronx.

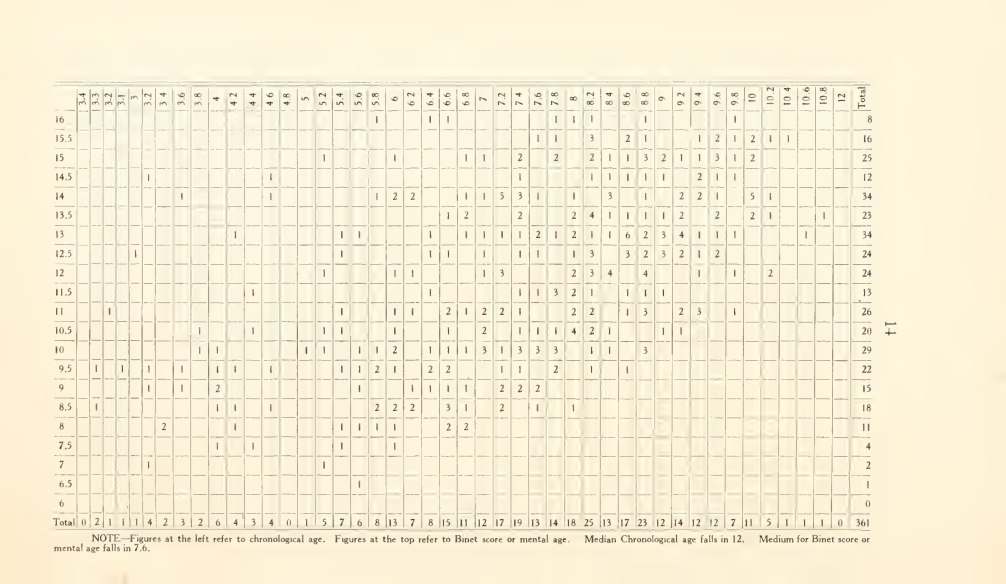
TABLE 1

	Number of	*Per cent. of*
Boys	258	71.5
Girls	103	28.5
Total	361	100.0

This seems to bear out the theory held by many, that females deviate less from the norm than do males. (Thorndike Educational Psychology, second edition, pp. 33 to 43.) Huey found that the admissions for one year to the Illinois Institution for the feeble-minded showed 61 females and 79 males. Superficially, this suggests that females deviate less than males for this characteristic.

On the other hand data is available (Psychological Bulletin, Volume XIII, No. 10) which shows that the degree of variability is not sex-determined. The fact that more boys than girls are found in these ungraded classes permits of explanation other than that of greater variability in males. One of these is based on the fact that boys have greater freedom, are less restrained than girls. Because of this, they come into conflict with their school environment. This maladjustment makes it imperative that some notice be given to them and some explanation sought.

Except in certain types of abnormality, conduct disturbances in girls are less gross and obvious than in boys. Girls conform, and seem to show a greater willingness to persevere in spite of difficulties. This is perhaps due to the traditional attitude toward girls and women and to the training they receive. As a result of this attitude of girls, and toward them, those of the higher grades of mental defect are called slow and backward, and are not proposed by school officials for special school classification.



NOTE—Figures at the left refer to chronological age. Figures at the top refer to Binet score or mental age. Median Chronological age falls in 12. Medium for Binet score or mental age falls in 7.6.

CLASSIFICATION OF CHILDREN IN UNGRADED CLASSES IN THE BRONX DETERMINED BY THE TOWN REVISION OF THE BINET-SIMON TESTS

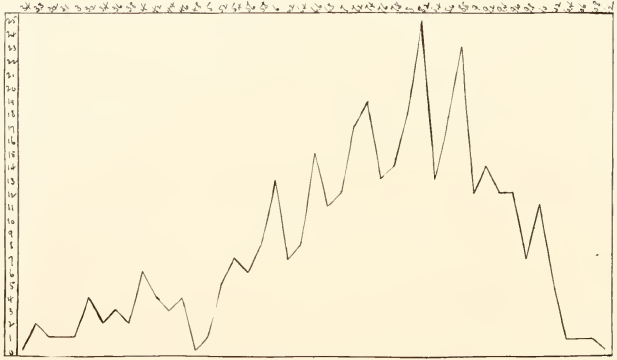
Of these children, 366 were given the 1911 revision of the Binet-Simon tests during the period from October, 1916 to March, 1917. This included all children present at the time of the examination. Three of these children were given full promotion. They had been working in the regular grade on trial for some time, and showed that they could maintain themselves with children from 2 to 4 years younger. They will not appear in this study. Two were doubly-handicapped,—deafness complicated by mental deficiency. A fair estimate of their mentality, by means of this test, was made impossible because of their extreme deafness. Eight children were promoted on trial. As they are doubtful cases, probably feeble-minded, they appear in this study. These eliminations leave 361 children who form the subjects of this study.

Subnormal children are classified by Town into three groups.

a. Idiots—with a mental age of one and two years.
b. Imbeciles—with a mental age from three to and including seven.
c. Morons—with a mental age from seven to and including twelve.

By this classification, it appears that in the group of 361 children, who are the subjects of this study, there were no idiots; 189 imbeciles; 164 morons; 8 doubtful cases. Graph A shows that one-half of the children are between the Binet scores of 6.4 and 8.8. One-fourth are less than the minimum and one-fourth more than the maximum given above. Graph A also shows the variation found in each group. A person with only popular knowledge in this field, has one definite picture in mind when he speaks of an imbecile. This survey shows that within the group characterized as imbecile there is infinite gradation of mental power. As one approaches the upper limit of the imbecile group, it is progressively more difficult to distinguish the high grade imbecile from the low grade moron. Likewise, as one approaches the upper limit of the moron group it is difficult to distinguish the high grade moron

Frequency Curve - Binet Scores - Borough of the Bronx.



Note - Figures at left indicate number of cases.
Figures at top indicate Binet scores

Graph A.

from the backward child. Grouping individuals according to some hard and fast method, if done at all, should be with the knowledge that mental power, like any other characteristic, is a matter of continuous distribution. At this time, classification such as the one here used is a matter of convenience.

FAILURES OF CHILDREN IN FIVE SELECTED TESTS OF THE TOWN REVISION OF THE BINET-SIMON SCALE

Before taking up the five separate tests, it should be stated that the function of the Binet-Simon tests, is to measure the intelligence of the individuals tested. This is based on the supposition that there is a normal intelligence corresponding roughly to the chronological age of the child. The investigations of Bowditch, G. Stanley Hall, and other American workers, established the fact that there is a height norm and a weight norm for each year of the period of childhood, and that it varies within narrow limits. Binet attempted to formulate a norm for intelligence at any given age. The blank on which the results of the mental tests used in this department are recorded, is shown. The additional tests were not used in this survey.

DEPARTMENT OF EDUCATION
THE CITY OF NEW YORK
OFFICE OF
THE SUPERINTENDENT OF SCHOOLS
500 PARK AVENUE

RECORD BLANK
FOR MENTAL TESTS

Name _____ Born _____ School _____
_____ Grade _____ Date _____ Binet Age _____

III

1 Touches nose, eyes, mouth, as directed
2 Repeats easy sentences of six syllables (Nurse's ...)
3 Repeats 3-7 (4-4 5-8 (One exact repetition)
4 Enumerates objects in picture
5 Gives full name

IV

1 Knows sex
2 Can name knife key penny
3 Repeats 3-9-2 4-7-3 5-8-1 (One exact repetition)
4 Points to longer of two lines

V

1 Compares 3 and 12 grams; 6 and 15 grams.
2 Copies square.
3 Repeats: "My name is Charley." "O! the naughty dog."
4 Counts four objects.
5 "Patience."

VI

1 Tells whether it is morning or afternoon.
2 Defines in terms of use: fork, table, chair, horse, mama.
(Three correct)
3 Copies diamond.
4 Counts thirteen objects (pointing to each one as he counts).
5 Chooses prettier of faces presented two at a time. (No error)

VII

1 Shows right hand, left ear. (No error)
2 Describes pictures.
3 Performs three commissions.
4 Counts stamps; three ones and three twos.
5 Names red, blue, yellow, green. (No error)

VIII

1 Difference between [20"]

Paper	Butterfly	Wood
Cardboard	Fly	Glass

2 Counts from 20 to 0. (20 seconds—one error allowed)
3 Sees pictures lack arms, eyes, nose, mouth. (one error)
4 Knows date.
5 Repeats five numbers. (Auditory. One correct)
4-7-3-9-5; 8-3-7-1-4; 6-2-7-4-5.

IX

1 Makes change, 25 cents—6 cents.
2 Definitions in terms better than use. (See VI:2).
3 Knows 1 cent, 5 cents, 10 cents, 25 cents, 50 cents, $1, $2, $5, $10.
4 Names months in order. (15 seconds. One error)
5 Comprehends:
a Missed train.
b Struck by playmate. (Two good answers required)
c Broken something.

X

1 Arranges weights. 2 out of 3 correct—1 minute each. 1. 2. 3.
2 Draws designs from memory. (Expose 10 seconds)
3 Judges statements made:
a Unfortunate bicycle rider.
b Three brothers.
c Going to Boston.
d Man twirling cane.
e John is taller than James, etc.
f Railroad accident.
4 Understands:
a Delayed on way to school.
b Forgive easier.
c Important affair.
d Asked opinion.
e Actions vs. words.
(3 out of 5)
5 New York, money, river, in two sentences.

XII

1 Line test. Results suggestive
2 Uses three given words in one sentence
3 Gives 60 words in three minutes
4 Defines charity, justice, kindness. (Two correct)
5 Rearranges words to make sentences. 1 2. 3

ADDITIONAL TESTS

I. Attention and Perception
1 Cancellation — *a* Familiar Forms — *b* A test
2 Counting dots
3 Reading

II. Memory
1 Visual — 2 Auditory — 3 Motor

III. Association
1 Controlled — *a* part-whole; *b* genus-species; *c* opposites
2 Uncontrolled
3 Healy Board

IV. Intelligence
1. Ebbinghaus tests
2 Learning tests — *a* cross line; *b* substitution; *c* code
3 Making words out of given letters
4 Information
5 Healy Construction Puzzle — A — B
6 Healy Puzzle Box
7 Ethical test

V. Suggestibility
1 Aussage test

VI. Emotion
1 Reaction to pictures and stories

VII. Motor coordination
1 Pegboard
2 Tapping
3 Target test

VIII. School attainment test
1 Arithmetic
2 Reading
3. English

From the above it is seen that the Binet-Simon tests are arranged in units of a year, each progressively more difficult. With the exception of the fourth year there are five questions in each unit. The questions of each year are supposed to be of

equal difficulty. In the main they are designed to test native ability. However, it is generally admitted now, that in some of the tests, training is presupposed. For example,—to know the months well enough to name them in order is a matter of training not a matter of native ability alone.

A significant factor of the Binet-Simon tests is that they permit of scoring. The replies a child makes are indicated as correct or incorrect by the use of the plus (+) or minus (−) sign. To arrive at the Binet score or mental age, that year in which all the questions are correctly answered is taken as the basal year. The range of testing is from the basal year through that year in which the child fails on all the tests. For example, a child who answers correctly all the tests in the eighth year is said to have a Binet score or a mental age of eight. If, in addition to the eighth year questions, any five questions in the higher age levels are answered, the Binet score or mental age is nine years. If, however, he answers only one question beyond the basal year, the score is 8.2; if four questions beyond the basal year, 8.8.

As the survey progressed, it was noticeable that many children failed in certain tests. Such tests were IX-2, Definitions in terms better than use, VI-3, Copies diamond, V-1, Compares 3 and 12 grams, 6 and 15 grams, VIII-1, Difference between paper and cardboard, butterfly and fly, wood and glass. With a knowledge of the many failures in these tests, it was decided that a test which a large proportion of the children had successfully taken should be selected for comparison. This proved to be VII-1, Shows right hand and left ear.

Test IX-2 given above is said by Terman to be a test of power of apperception. He places this test at the eighth year level. Of 262 children who took this test, 237 failed, 117 of those who failed in this test, answered one or more questions of the X year level. (According to the data of this study, it appears to be too difficult for mentally defective children at the level indicated by Town.)

Test VI-3 given above is said by Terman to be affected only moderately by age and training. 173 is the total number who took this test. In this group there were 93 failures, while 79 of them passed one or more tests of the higher age groups.

Test V-1 given above is held by Binet to be a test of power of comparison, while Terman considers it a test of comprehension and power to hold instructions in mind long enough to guide the process of making comparisons. Of 115 mentally defective children who took this test, there were only 40 failures.

In Test VIII-1 given above, Terman agrees with Binet that it is influenced but slightly by training. Binet says it brings into play the natural good sense of the subject. Terman regards it as a test of association of ideas on the basis of differences or similarities. He places it in the seventh year level. The total number of children taking this test was 307. Of the group 125 failed.

Test VII-1 given above is classified by Terman as one of spacial orientation. Binet says "it is a notion gained through instruction, but so easily acquired that the lack of it is conspicuous." 236 children took this test. Of this number, 43 failed. It is interesting that this test which is largely influenced by training has the lowest number of failures.

COMPARISON OF FIVE SELECTED TESTS OF THE TOWN REVISION OF THE BINET-SIMON SCALE

Test Given	Test	Number Tested	Number of Failures	Number of Successes	Percentage of Failures
V-1	Comprehension	115	40	66	46
VI-3	Motor Coordination; Visual Perception	173	93	80	54
VII-1	Spacial Orientation; Venture Lability	279	43	193	19
VIII-1	Analysis; Comparison of Sensuous Objects	307	125	182	41
IX-2	Apperception	262	237	25	90

VARIABILITY IN SCHOOL ATTAINMENT IN READING AND ARITHMETIC OF CHILDREN WHO HAVE IDENTICAL BINET SCORE OF EIGHT

An analysis of the data collected by the City Superintendent of Schools, New York, gives the following as the maximum and minimum chronological age limits for the several grades.*

Year in School	*Grade*	*Age Limits for*	*Grade*	*Age Limits for*
First	1A	6-7½	1B	6½-8
Second	2A	7-8½	2B	7½-9
Third	3A	8-9½	3B	8½-10
Fourth	4A	9-10½	4B	9½-11
Fifth	5A	10-11½	5B	10½-12
Sixth	6A	11-12½	6B	11½-13
Seventh	7A	12-13½	7B	12½-14
Eighth	8A	13-14½	8B	13½-15

From the above table it appears that a bright child of eight may be in the 3A grade; the average child of eight years in grades 2A or 2B, and the backward child of eight in the 1B grade.

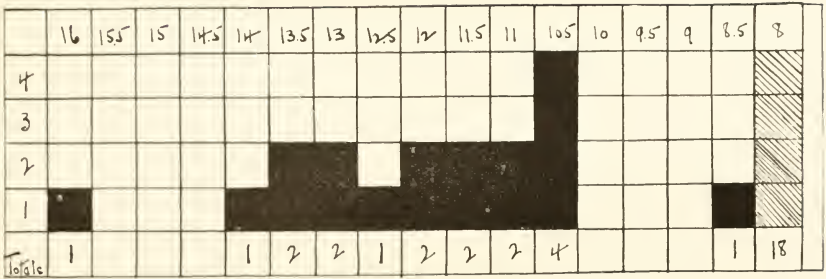
The tabulation of the results of the survey revealed the fact that eighteen children had a Binet score of eight. The chronological age of these children varied from 8.5 years to 16 years. The number in each age group is indicated in the following graph.

The question arose—To what extent are these children with a Binet score of eight, found in the grade distribution for normal children of the chronological age of eight? This study is concerned only with their attainments in reading and arithmetic.

Of the eighteen children who have identical Binet scores of eight, 2 are above the maximum grade limits for eight year old children. 9 are within the limits set for eight year old children.

* Seventeenth Annual Report of the City Superintendent of Schools, page 294.

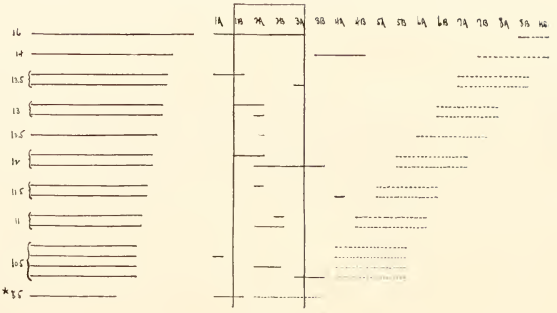
Age Distribution of eighteen Children Having Identical Binet Scores.



= Chronological Age

= Binet Score

Age Distribution of 18 Children
Having Similar Binet Age of 8



Graph B.

_____ = Chronological age and present ability in school work

..... = Grades in which normal children of their ages are working.

Vertical lines indicate limits of work for normal children of 8 years

* This child has been given a trial in the higher grades

4 are within the limits in arithmetic and below the limits in reading. 2 are within the limits in reading and above the limits in arithmetic. Only 1 is below in both subjects. From this it is obvious, that children with a Binet score of eight are not found only in the grades designated as the limits for normal eight year old children. The variation is found in both directions. Two children have acquired more school knowledge as measured by reading and arithmetic than the brightest in the eight year old group of normal children. One child has acquired less than the poorest in the normal eight year old group.

Number	*Reading*	*Arithmetic*
9	0	0
4	−	0
2	0	+
2	+	+
1	−	−
18		

Note—0 equals within the age grade limit;
+ equals above the age grade limit;
− equals below the age grade limit.

The nine children who are within the limits of the school requirements as measured by reading and arithmetic present variations. Their grade distribution is as follows:

One is in the 3A grade in both subjects; one is in the 2B grade in both subjects; four are in the 2A grade in both subjects; one is in the 2B grade in arithmetic and in the 2A grade in reading; one is in the 1B grade in arithmetic, and in the 2A grade in reading; one is in the 2A grade in arithmetic and the 2B grade in reading.

CHILDREN IN THE UNGRADED CLASSES WHO HAVE A MINIMUM TRAINING OF FIVE MONTHS AND WHOSE IMPROVEMENT WAS SLIGHT COMPARED WITH THAT OF THE OTHER CHILDREN

As a result of the survey, 28 children were found who were of such low mentality that they seem to need more care than can be given to them in the public schools. This conclusion was reached after an examination by a psychiatrist as well as by a psychologist, and after a consideration of what the children had gained by school training.

CHRONOLOGICAL AND MENTAL AGE DISTRIBUTION OF TWENTY-EIGHT CHILDREN

Binet Age	*Chronological Age*	*No. of Children*
2-3	8.5-12.5	4
3	11	1
3-4	8 -14	11
4	9	1
4-5	8.5-15	9
5-6	13 -14	2
Total		28

If these twenty-eight children were excluded from the ungraded classes of The Bronx, the entire group of low grade imbeciles and the older children of the middle grade imbecile group of this survey would be eliminated. This would leave in the ungraded classes in The Bronx only those children who have profited and are still profiting by the special opportunities offered there.

NUMBER OF YEARS THESE CHILDREN HAVE ATTENDED UNGRADED CLASSES

The time spent in the ungraded classes by the 361 children of this study varies from a period of one month to that of nine years. 226 children or 62 per cent. have been in an ungraded class for a period of two years or less; 95 children or 27 per cent. from 2.5 to 4.5 years, inclusive; 40 children or 11 per cent. have been in an ungraded class for five years or more.

The distribution according to length of time spent in an ungraded class is given below.

Time	Number of children	Time	Number of children
1 mo.	8	4 yr.	6
2 mo.	5	4.5 yr.	8
3 mo.	10	5 yr.	12
4 mo.	23	5.5 yr.	14
5 mo.	14	6 yr.	9
5 yr.	4	6.5 yr.	1
1 yr.	53	7 yr.	2
1.5 yr.	52	7.5 yr.	0
2 yr.	37	8 yr.	1
2.5 yr.	40	8.5 yr.	0
3 yr.	11	9 yr.	1
3.5 yr.	20	9.5 yr.	0
Total			361

SUMMARY OF SURVEY OF UNGRADED CLASSES IN THE BRONX

1. The total school population of The Bronx on April 1, 1917, was 103,848. Of these children 411 or 0.3 per cent. were in ungraded classes.

   If the conservative percentage of 1.0 per cent. of the public school population found to be feeble minded by the Nassau

County Survey Committee be applied to the Borough of The Bronx, there are 1,661 feeble-minded children in that borough. To meet this need, it would be necessary to organize 60 additional ungraded classes.

2. 361 of the 411 children are the subjects of this study. Of these, 258 or 11.5 per cent. were boys and 103 or 28.5 per cent. were girls.

3. In this group there were no idiots, 189 imbeciles, 164 morons and 8 doubtful cases.

4. The largest percentage of failures in the 5 selected tests were in those which depend on native ability and the smallest proportion in the one dependent on training.

5. In reading and arithmetic great variation was shown by the 18 children having a similar mental age or Binet score of 8 years.

6. 28 children have profited little by the training offered in the ungraded classes.

7. These children have attended ungraded classes for a period varying from 1 month to 9 years. 62 per cent. of them have been in ungraded classes for 2 years or less; 27 per cent. from $2\frac{1}{2}$ years to $4\frac{1}{2}$ years, inclusive; 11 per cent. for 5 years or more.

SCHOOL DIAGNOSIS MADE AS THE RESULT OF THE MENTAL EXAMINATION OF CERTAIN TRUANT CHILDREN

For some years past the City Superintendent of Schools has informed elementary school principals that truant children are to be the objects of their study when they are considering, as they are asked to do twice each year, children who seem to be in need of ungraded class work. It has appeared that not as many truants as needed it were sent for examination by the schools. Probably the reason for not reporting them is found in the fact that in the minds of many teachers, the truancy itself is sufficient explanation for the backwardness of the truant. The fact of the matter is that a large number of truants are such because they are unable to adjust themselves to the environment of the ordinary school. The power to adjust is dependent entirely upon the mental make-up of the individual. Truancy is to be regarded as an evidence of maladjustment. Its cure is to be effected only when its deep significance is understood.

The Director of the Bureau of Attendance, who is charged with the commitment of truant children to the parental school, said that he believed that some truants are mentally defective. If this proved to be the case his action was determined by law, because children certified as mentally defective no longer have the protection of the Compulsory Education Law. On the other hand, he felt that the expensive care of the parental school should be given to those children only, whose native mental ability permits of the improvement to be derived from a stay there. Arrangements were therefore made with the Bureau of Attendance for the examination of truant children suspected of mental deficiency.

Not all the truant children are examined in order to determine their mental ability. The original selection is made by the truant officer, at the time of his investigation of a case. The individuals in this selected group are then given some of the simpler psychological tests. Those who fail in this preliminary test are then summoned for a comprehensive examination by psychiatrists and psychologists. To examine the truant children selected from the groups presented by the Bureau of Attendance thirty-two

classes in Manhattan, and nineteen in Brooklyn were devoted exclusively to this work. 285 truant children were examined.

Of the 143 public schools from which children came, who were proposed for examination by the Bureau of Attendance, 58 have never reported children as probably mentally defective.

DISTRIBUTION OF WORK DONE FOR THE BUREAU OF ATTENDANCE BY BOROUGHS AND SCHOOLS

Borough	*Number of Public Schools from which Bureau of Attendance Reported Children*	*Number of Parochial Schools from which Bureau of Attendance Reported Children*	*Number of Children's Aid Schools and other Agencies from which Bureau of Attendance Reported Children*
Manhattan	65	15	3
Bronx	23	1	1
Brooklyn	51	6	0
Queens	4	2	1
Richmond	0	0	0
Total	143	24	5

An analysis of these figures as they relate to children in public schools, parochial schools and to all other cases is given below.

PUBLIC SCHOOLS

Borough	*Number of Children Examined*	EDUCATIONAL DIAGNOSIS			
		Ungraded Class	*Further Observation*	*Not Ungraded Class*	*Institution*
Manhattan	132	85	16	31	0
Bronx	41	28	1	12	0
Brooklyn	72	45	15	10	2
Queens	5	3	1	1	0
Richmond	0	0	0	0	0
Total	250	161	33	54	2

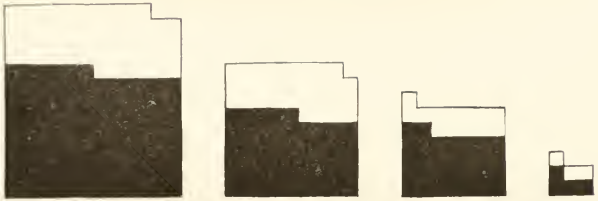
PAROCHIAL SCHOOLS

Borough	Number of Children Examined	EDUCATIONAL DIAGNOSIS			
		Ungraded Class	Further Observation	Not Ungraded Class	Institution
Manhattan	20	15	1	3	1
Bronx	1	1	0	0	0
Brooklyn	7	4	3	0	0
Queens	2	1	0	1	0
Richmond	0	0	0	0	0
Total	30	21	4	4	1

OTHER AGENCIES

Borough	Number of Children Examined	EDUCATIONAL DIAGNOSIS			
		Ungraded Class	Further Observation	Not Ungraded Class	Institution
Manhattan	2	2	0	0	0
Bronx	1	1	0	0	0
Brooklyn	1	1	0	0	0
Queens	0	0	0	0	0
Richmond	0	0	0	0	0
Total	4	4	0	0	0

Attendance Cases Examined 1916-1917



A = No. of Attendance Cases Examined from Manhattan
B = No. " " " " Brooklyn.
C = No. " " " " Bronx.
D = No. " " " " Queens.

■ = No. of Cases Approved for Ungraded Classes.

One child, in Manhattan, was examined from the Children's Aid School. He was recommended for further observation.

Ungraded Classes; A group of high grade boys making brushes for use in the schools.

STATISTICAL SUMMARY

DISTRIBUTION BY BOROUGHS OF THE TOTAL NUMBER OF PUBLIC SCHOOLS FROM WHICH CHILDREN WERE EXAMINED

Borough	*September to February*	*February to June*	*Schools Examined Sept. to Feb.—Feb. to June*	*Number of Different Schools Examined*
Manhattan	91	84	62	113
Bronx	32	24	19	37
Brooklyn	70	55	26	99
Queens	10	15	4	21
Richmond	2	2	2	2
Total	205	180	113	272

There are approximately 520 elementary schools in Greater New York. 272 or 52 per cent. of these schools reported children as probably mentally defective.

TABLE SHOWING NUMBER OF REPORTED CHILDREN EXAMINED AND THE AGENCIES FROM WHICH THEY WERE REPORTED

Borough	*Public Schools*	*Bureau of Attendance*	*Parochial Schools*	*Children's Aid & Others*	*Charity Organization*	*Total*
Manhattan	1252	155	30	10	36	1483
Bronx	307	43	0	0	0	350
Brooklyn	760	80	8	0	9	857
Queens	131	7	0	0	0	138
Richmond	38	0	0	0	0	38
Total	2488	285	38	10	45	2866

DISTRIBUTION BY BOROUGHS OF CHILDREN PROPOSED AND EXAMINED FOR UNGRADED CLASSES

Borough	*Number Proposed*	*Number Examined*	EDUCATIONAL DIAGNOSIS			
			Ungraded Class	*Further Observation*	*Not Ungraded Class*	*Institution*
Manhattan	2260	1483	706	117	659	1
Bronx	548	350	159	29	162	0
Brooklyn	1349	857	436	66	355	0
Queens	211	138	71	10	57	0
Richmond	63	38	26	2	10	0
Total	4431	2866	1398	224	1243	1

DISTRIBUTION BY BOROUGHS OF UNGRADED CLASSES

Borough	*Number of Ungraded Classes*
Manhattan	114
Bronx	25
Brooklyn	66
Queens	15
Richmond	4
Total	224

SEX DISTRIBUTION BY BOROUGHS OF UNGRADED CLASS CHILDREN AS OF JUNE 1, 1917

Borough	*Boys*	*Girls*	*Total*
Manhattan	1255	685	1940
Bronx	287	111	398
Brooklyn	818	356	1174
Queens	198	75	273
Richmond	46	19	65
Total	2604	1246	3850

RECOMMENDATIONS

The following is a summary of the more important recommendations which grow out of this report and a restatement of those recommendations made in the last report, and which have not been acted upon:

1. A method should be worked out which will make it practically certain that mentally defective children will be discovered by the school principals, early in their careers and thus prevent in some the formation of habits of truancy and incorrigibility and insure for others educational opportunity.
2. Two additional assistant inspectors with training and experience in psychological testing should be appointed.
3. One additional physician with psychiatric training and experience is needed.
4. The compulsory school attendance law should be amended in order that those children who are adjudged suitable pupils for ungraded class work, may be included within the field of its operation.
5. Five additional visiting teachers should be appointed in order that the "After Care" upon which such a good start has been made may be continued and extended.

All of which is respectfully submitted.

ELIZABETH E. FARRELL,
Inspector of Ungraded Classes.

OPEN AIR CLASSES

Mr. William H. Maxwell,
Superintendent of Schools.

Dear Sir:

I beg to submit the following report showing briefly the character of work performed by the Bureau of Child Hygiene, of the Department of Health, during the past year, in connection with the so-called "classes for anemic children," maintained by the Department of Education.

On November 8th, 1916, the Board of Education adopted a resolution requesting the Department of Health to examine and pass upon all children to be admitted to "anemic classes" or, to be discharged therefrom. The work was officially begun by the Department of Health on February 1st, 1917, at which time there were eighty-four (84) of these classes; the number has since been increased to eighty-seven (87).

General Duties

At a conference between representatives of the Department of Education, Department of Health, and Committee on Prevention of Tuberculosis, of the Charity Organization Society, held on March 29th, 1917, it was agreed that the Department of Health should also be requested and authorized to assume the following duties in connection with the supervision of "anemic" or "open-air" classes in Public Schools.

1. To make recommendations to individual principals as to the need of organizing such classes in their particular schools.
2. To make recommendations as to the proper location of classrooms of the open-air type, i. e., classrooms for anemic children.
3. To make recommendation as to the proper equipment of classrooms of the open-air type.
4. To make recommendation as to standards, and to exercise supervision as to the ventilation, heating, and temperature of classrooms of the open-air type.
5. To make recommendation as to all pupils to be admitted to open-air classes.

6. To make periodical physical examinations of all such pupils and to notify parents as to conditions found.
7. To make home visits for the purpose of conferring with and advising parents as to the need of correcting the conditions found.
8. To supply teachers with full information as to conditions found and to arrange for co-operation between teacher, medical inspector, and nurse.
9. To make routine medical inspections at definite intervals, for the purpose of observing the physical status of such children and room conditions.
10. To supervise and direct the weighing of such pupils monthly, and the measuring of such pupils each term.
11. To make recommendations as to the discharge of pupils from open-air classes.
12. To prescribe physical training exercises for individual pupils in these classes.

These classes have always been officially designated as "anemic classes." As this name gives an erroneous conception of the types of pupils admitted to the classes, the Bureau of Child Hygiene recommended that they be called "open-air" classes. By thus designating them, the three types of classes with special ventilating methods are appropriately grouped. Furthermore, by changing the name of these classes to "open-air" classes, the stigma which attaches to all pupils of such classes is avoided, and these pupils are looked upon as normal children. The parents rarely refuse to consent to have their children admitted to "open-air" classes, although they offer many objections to their admission to "anemic classes."

Groups of Classes

The groups of classes with special ventilation are:

1. *Outdoor Classes.* These classes are for pulmonary tuberculosis cases. They are located at day camps and sanatoria, and are supervised by the Bureau of Preventable Diseases of the Department of Health, and by private organizations.
2. *Open-air Classes.* These classes are for types of pupils which are enumerated in another part of this report. These classes are located in public school buildings. They are supervised by the Bureau of Child Hygiene of the Department of Health.

3. *Open Window Classes.* These classes are made up of normal pupils. Windows may be kept open and rooms maintained at a temperature ranging from 50° to 65°. These classes have been organized or discontinued at the discretion of the principal. No special supervision is maintained over these at present.

As this report is in reference to Group 2, "Open-Air Classes" no further reference will be made to the other groups noted above.

Rules of Admission

The Bureau of Child Hygiene has established definite types of pupils who are to be admitted to the "open-air" classes.

1. Children exposed to tuberculosis at home, or in whose family there has been a recent death from this disease.
2. Children who have had tuberculosis which is now arrested or cured.
3. Children suffering from malnutrition.
4. Children who became tired easily or show languor or fatigue before the end of the day, and on this account are unable to carry on their class work.
5. Children suffering from nervous diseases, except chorea.
6. Children who frequently are absent because of colds, bronchitis, etc.
7. Children suffering from cardiac diseases who are recommended by their private physicians as being proper cases for this class.

Conduct of Work

The Bureau of Child Hygiene has established an organization to conduct this work systematically and efficiently. The organization consists of

1. The Director of Bureau.
2. The Chief, Division of School Medical Inspection.
3. Supervising Medical Inspector of the Open-Air Classes.
4. District Supervising Medical Inspector of Schools.
5. District Supervising Nurse of Schools.
6. Medical Inspector of Schools.
7. Nurse of Schools.

Heads and Duties of Divisions

The respective duties of the various divisions of this organization are:

1. Director—In full charge of the work, directing and making final decisions as to how the work is to be carried on.

2. Chief, Division of School Medical Inspection:

   The executive head of all work conducted in schools by the Bureau, to whom the entire supervising force reports full details of all work performed. He offers suggestions and ideas for improvement of the service. He submits to the Director for approval his recommendations and suggestions, as well as those of the supervising staff.

3. Supervising Medical Inspector of Open-Air Classes:

   The executive field head in charge of all the classes. He instructs the district supervising force, medical inspectors, nurses and teachers, how the work is to be conducted and how instructions are to be carried out. He reports directly to Chief of Division.

4. District Supervising Medical Inspector of Schools:

   In charge of a definite district. He is responsible for the character of work performed by the medical inspectors of his district, and is the general adviser to the district supervising nurse assigned to his district. He reports directly to the Chief of Division who refers indicated communications to the Supervisor of open-air classes, for his approval and investigation.

5. District Supervising Nurse:

   In charge of a definite district. She is responsible for the character of work performed by the school nurses of her district. She reports directly to the Chief of Division and the District Medical Supervisor of her district. Her communications are referred by the Chief of Division to the Supervisor of open-air classes, for his approval and investigation.

6. Medical Inspector of Schools—

   Assigned to definite schools. He is responsible for the admission and discharge of pupils of open-air classes. He examines the pupils at regular intervals so as to advise what shall be done to improve their physical condition, as well as to advise the nurse as to

action required of her. He makes home visits on absentees and on cases referred to him by the nurse. He reports directly to the District Supervising Medical Inspector.

7. Nurse of Schools:

Assigned to definite schools. She is responsible for the weekly inspection of pupils. She carries out instructions of Medical Inspector, co-operates with the teacher, visits homes, conducts school consultations, and performs social service work. She reports directly to her District Supervising Nurse.

Duties of Teachers Assigned to Open Air Classes

The following suggestions have been issued to teachers and nurses:

1. *In Room.* To maintain a temperature as near 50 as possible.
To avoid drafts in their rooms.
To keep door and transom closed.
To keep pupils away from radiators when it is found necessary to keep the steam on in the room.
To permit pupils to wear as much clothing as they desire.
To permit pupils to wear caps and to use bags or blankets when they desire to do so.
To see that wet clothing is removed and not used again until dry.
To see that each child has a pair of slippers or extra pair of shoes in school, to be used if he arrives in school with wet shoes.
To see that each child is provided with extra feeding during forenoon session and at the close of the afternoon session, if possible.
To afford each child rest before lunch.
To give short recreation periods during the regular session.
To assign study periods during school hours, so as to avoid or minimize home work.

2. *Parents' Meetings.* Meeting of parents at regular intervals should be utilized for general instruction. Talks may well be given by inspector, nurse or teacher, on subjects pertaining to these classes.
(All work performed and data procured to be entered on proper record forms, 296-K).

3. *Home Visits.* Parents should be instructed in regard to:
Defects found by the Inspector, and the treatment needed.
Clothing to be worn.
Desirability of having children sleep in separate beds.
Proper bedding.
Proper ventilation of living and sleeping rooms and the necessity of having open windows in sleeping rooms.
Proper amount of rest and sleep.
Diet, proper food and its preparation and errors in diet to be avoided.
Value of play and exercise in open air, walking and outings and avoidance of fatigue.
Errors in hygienic home conditions.
Mouth hygiene; the care of teeth and the use of the tooth brush.
Proper bathing.
Necessity of relieving children from as much home or outside work as possible.
Consent cards for admission of children to clinics for correction of defects. (These cards should be signed by parents if they are unable to take children to clinics and cannot pay for treatment.

4. *Co-operation of Nurses.* School nurses should make home visits following initial visit by teacher.
Make home visits upon teacher's request.
Hold school consultations with parents after there has been at least one home visit made by the teacher and nurse.
Get pupils under treatment for their physical defects.
Take pupils for treatment if parent is unable to do so and gives written permission to teacher or nurse. (This applies only to those unable to pay for private services.)

Duties of Nurses Assigned to Open Air Classes

(All work performed and data procured to be entered on proper record forms.)

1. *Class Inspection Weekly.* Inspection for disease
Inspection for personal cleanliness.
Inspection of clothing, cleanliness and quality
To ascertain if anyone has received treatment for any defects found by the Inspector

2. *Home Visits.* Home visits should be made only after initial visit has been made by teacher. Instructions in home visits should be followed as noted on instructions to teachers assigned to open-air classes.

3. *School Consultations.* School consultations should be held only after at least one home visit has been made.
They should indicate treatment for defects not corrected.
They should aim to correct errors in dress.
They should aim to correct errors in diet.
They should aim to correct errors in hygienic conditions, providing the child appears not to be getting a sufficient amount of rest and sleep, etc.
They should aim to correct uncleanliness of body or clothing.

4. *Social Service.* School nurses should try to establish a means for procuring clothing, food, fuel, glasses, etc., for those whose circumstances do not permit them to purchase same.
School nurses should provide medical treatment for those not able to pay, in Department of Health Clinics or other reputable institutions.
School nurses should arrange summer vacations in the country for those who cannot afford it.
School nurses should arrange for summer outings for those unable to be sent away to the country.

Examinations and Records

When the Bureau of Child Hygiene assumed control of the medical requirements of "open-air" classes, every pupil on register was physically examined. All pupils found in these classes who were not of the proper types were referred to the principal to be discharged from them.

Each pupil in the open-air class has a special card, (form 296-K), a new form specially devised for them. On this card the data of the physical examination, subsequent treatment for defects found, weight, height, family history, personal history, home conditions and record of home visits, are noted by the medical inspector, teacher, and nurse.

HOME.

Number of Rooms CLEANLINESS Good Fair Bad CHARACTER Good Fair Bad VENTILATION Good Fair Bad

CHILD'S SLEEPING ROOM ILLUMINATION Light Fair Dim VENTILATION Good Fair Bad Number in Room Number in Bed

FAMILY Total Adults Children Boarders

HOME VISITS

DATE	HOUR	REMARKS	SIGNATURE

NAME_____ Date of Birth_____ Sex____ Borough_____ Date Admitted_____

ADDRESS_____ Ft.____ School No._____ Room No._____ Instr._____ Nurse_____

DISCHARGED_____

CONDITION_____

FAMILY HISTORY

	NATIONALITY	PREVIOUS ILLNESS	OCCUPATION	ALCOHOL	INCOME
FATHER					
MOTHER					

REMARKS—

PERSONAL HISTORY

Tonsilitis		Enlerged Glands		Nervousness		Eye sight		Exercise	
Scarlet Fever		Heart Disease		Fainting		Hearing		Operations	
Diphtheria		Kidney Disease		Loss Weight		Appetite			
Rheumatism		Tuberculosis		Mouth Breather		Sufficient Sleep			

PHYSICAL EXAMINATIONS

DATE																									
DEFECT	EX.	TR.	RE-EX.	TR.	RE-EX.	TR.	RE-EX.	TR.	RE-EX.	TR.	RE-EX.	TR.	RE EX.	TR.	RE-EX.	TR.	RE-EX.	TR.	RE-EX.	TR.	RE-EX.	TR.	RE EX.	TR.	RE-EX.	TR.	RE-EX.
1. Defective Vision																									
2. Defective Hearing																									
3. Defective Teeth																									
4. Def. Nasal Breathing																									
5. Hyper Tonsils																									
6. Malnutrition																									
7. Cardiac Defect																									
8. Pulmonary Defect																									
9. Orthopedic Defect																									
10. Nervous Disease																									
11. Height																									
12. Weight																									

General Regulations

The work performed in an open-air class by an inspector or nurse must be recorded on the special record form kept in each of these classes. This form is forwarded to the Supervisor of Open-Air Classes, at the end of each school term, so that it may be properly incorporated in the statistical report of these classes. A sample of this form is attached hereto.

(Exhibit D)

OPEN AIR CLASS RECORD

P. S. No. ____ Borough ____ Classroom No. ____ Teacher. ____

Date	Inspector or Nurse	Inspections	Consultations	Instructions and Treatments	Physicals		Physical Examinations		Visits				
					Instructions	Cases Terminated	Regular	Re-examinations	Contagion	Phys. Defects	Dispensaries	Instructions	Teachers

The maximum register of an open-air class has been established by the Board of Education to be twenty-five (25) pupils. The written request of a parent must be procured before a child may be admitted to one of these classes. In order that the most deserving cases may be provided for and also to prevent any class from falling off in attendance, a waiting list is kept in each school. This waiting list is procured by the medical inspectors who make a regular and systematic survey of their schools and pick out all proper types of cases for these classes. The principals, being provided with this waiting list, are able to fill at once any vacancies that occur. The Bureau of Preventable Diseases, of the Department of Health furnishes the Bureau of Child Hygiene with lists of school children in whose families there are cases of tuberculosis.

The length of time a pupil is kept in an open-air class is regulated by the physical progress made and the question as to his ability to maintain his gain if returned to a regular class. Those pupils coming under types 1, 2 and 3, of necessity, must be kept in the class for a long time, even for a number of years

in many cases. As the cases selected are always of a marked type, rarely will a child be in fit condition to be transferred to a regular class in less than one full school term.

The medical inspector visits these classes whenever he visits the school and re-examines all pupils requiring it or referred to him by the teacher or nurse. Every pupil is examined by him at the beginning and end of each school term. He makes home visits on all cases referred to him by the nurse.

At the request of the Associate Superintendent in charge of open-air classes, the teachers are permitted to make the first home visits to pupils of their classes. The nurses make subsequent visits to instruct the parents as to proper correction of defects found and give instruction in hygiene, diet, clothing, and ventilation. They are also encouraged to do as much social service work as their opportunities permit.

The nurses visit their schools daily and on this account are available to the teachers at all times. Routine class inspection is made at least once a week to note any change in the physical condition of the pupils as well as to find any infectious disease cases. Her findings are noted on the proper forms and the inspector is advised as to any conditions that require his attention previous to his regular inspection.

The Supervising Medical Inspector, assigned to open-air classes, has given talks to the teachers and nurses of these classes and explained the instructions in detail. These meetings are also held to afford the teachers and nurses an opportunity to discuss questions that may arise and to be able to have explained to them any part of the instructions which they do not understand fully, at the same time giving all of them the advantages that must following from such meetings.

Future conferences with teachers and nurses will be held regularly and a definite subject will be discussed at each meeting.

The Supervising Medical Inspector visits the classes regularly to inspect them and to discuss with the principals and teachers the proper management of each class and to explain any question that may have arisen.

The principals and teachers have been encouraged to provide extra feedings for the pupils wherever this has been found feasible. Parents' meetings have been advised and whenever request has been made, inspectors or nurses were assigned to give a talk, usually on the subject selected by the principal or teacher, as the topic that would be of greatest value to them.

The most radical change in the routine of these classes is the instruction to have the rest period before the noonday meal. This at first met with considerable opposition from the principals, teachers, as well as from many of the pupils. However, after a trial of at least five or six weeks, most of them have found it very advantageous. Even those who are still in favor of the afternoon rest period now acknowledge that it has no advantage over the morning one. The reasons for this change are that it divided the school day into three periods, two hours of school work, two hours of rest and lunch period, and again two hours of school work. Though it has not been in effect long enough to establish definite findings, most of the teachers report that the pupils are able to do more school work and at the same time are less fatigued when dismissed for the day than they were when the afternoon rest period was in force.

The reason this claim is made for the morning rest period is that by stopping work at the end of two hours for a long rest period, the children are not permitted to become over-fatigued. They recuperate more rapidly and by lunch time they are fully back to their normal condition. Also, not being fatigued, they have a better appetite and derive the benefits that accrue from a large meal. When they worked all morning, many of them were too tired to eat and too tired after their afternoon rest period to resume school work. After this method has been in force for a longer period, definite data will be available as to its value.

The Supervising Medical Inspector has established a definite time when he may be reached at his office. This has been of great value to principals and teachers in affording an opportunity, to procure advice within a short time.

Progress of Work

From the time this work came under the supervision of the Department of Health, until the close of June 1917, a period of only four months elapsed. Consequently no very definite deductions can be made.

The weight of children showing gain or loss is not given here, as the time they were under supervision was too short to make any postive deductions from either gain or loss. The teachers, in many instances, did not make allowances for the change in weight of summer and winter clothing, and many classes are still without scales. It is a fact however, that practically all of these children show a gain in weight,—the average increase being about two (2) pounds. In this report it is our desire to also show how the work has been conducted and the general results obtained.

The following figures give a fairly clear idea of the amount of work required on the part of the inspectors and nurses to keep these children under supervision:

By Nurses

Borough	*Inspections*	*Consultations*	*Visits Phys. Defects*	*Visits Dispensaries*	*Lectures*
Manhattan	7572	150	1000	150	58
Brooklyn	5580	125	850	100	40
The Bronx	3600	35	150	50	11
Queens	3300	25	140	0	11
Richmond	120	5	20	0	2
Total	20172	340	2260	300	122

Number of pupils exposed to tuberculosis at home..... 187
Number of pupils who are healed and arrested tuberculosis..... 49

By Inspectors

Borough	*Inspections*	*Regular Physicals*	*Re-examinations*
Manhattan	250	1242	3726
Brooklyn	150	930	2790
The Bronx	45	194	492
Queens	40	170	410
Richmond	10	24	72
Total	495	2560	7680

WORK IN OPEN AIR SCHOOLS

BOROUGH	No. of Schools	No. of Classes	Total Number of Pupils Examined			Vision		Hearing		Teeth		Nasal Breathing	
			Boys	Girls	Total	Def.	Tr'd.	Def.	Tr'd.	Def.	Tr'd.	Def.	Tr'd.
Manhattan	37	44	504	738	1,242	244	140	16	10	884	405	253	87
Brooklyn	23	28	396	534	930	178	85	19	6	662	282	162	41
The Bronx	6	7	85	109	194	44	38	10	8	104	62	41	19
Queens	7	7	69	101	170	33	19	12	3	104	70	32	3
Richmond	1	1	13	11	24	0	0	0	0	19	3	0	0
Total	74	87	1,067	1,493	2,560	499	382	57	27	1,773	822	491	149

BOROUGH	Tonsils		Nutrition		Cardiac		Pulmonary		Orthopedic		Nervous		Register	Terms in Class
	Def.	Tr'd.	Def.	Tr'd.	Def.	Tr'd.	Def.	Tr'd.	Def.	Tr'd.	Def.	Tr'd.		
Manhattan	291	85	1,104	910	123	84	101	76	83	53	43	30	1,236	1-6 10
Brooklyn	158	41	810	571	87	26	32	10	61	9	51	25	687	1-7 10
The Bronx	52	25	172	134	9	6	6	6	4	4	6	4	175	1-4 10
Queens	31	2	157	125	10	7	3	3	9	9	3	3	167	1-9 10
Richmond	5	0	23	21	4	1	0	0	0	0	6	2	20	4
Totals	537	153	2,266	1,761	233	124	141	95	157	75	109	64	2,055	

Health Supervision

The Inspectors provide a waiting list of pupils for each class by frequently examining all referred cases of malnutrition.

Through the efforts of the principals and teachers extra feeding is provided in most of the classes. In many instances private societies or individuals contribute to a fund which is used to purchase this extra food. Extra feeding has been given in most of the classes at some time during the year, and in many throughout the year. This has depended upon the availability of funds. There has been no systematic regulation of the kind of food to be given, though milk, eggs, crackers and bread and butter were recommended.

The number of physical defects which have not received proper correction, is, however, too large. There are several reasons why this has occurred; namely, the inability to pay for private medical care, the lack of facilities for procuring free treatment, and the fear or unwillingness of some parents to have their children treated.

On account of the increased cost of milk many of the classes have had to reduce the quantity each child received. In schools where lunches are served, in the Boroughs of Brooklyn and Queens, a cereal has been provided and a small quantity of milk is served with it, viz., 8 ounces of cooked cereal with three ounces of milk for two cents. The pupils at first stated they did not like cereals and the teachers did not like to urge them to eat it. However, before school closed every pupil in the open-air classes in the Boroughs of Brooklyn and Queens, was eating his cereal and milk daily. Many were requesting a second portion. A number of parents reported to the teachers that their children requested them to have cereals at home and they desired to be instructed how to prepare them.

Extra diet is a desirable adjunct to open-air classes. At present it is not feasible to systematize it, as no definite funds are available. Many of the children say they are unable to provide a few cents a day. Some schools are successful in raising their own funds or having them provided from private sources. This, however, is at times a very uncertain method of providing for the lunches.

Some of the schools have no facilities for preparing extra feeding. Nothing can be done to systematize extra feeding until a definite fund is available and proper facilities supplied to provide food at each school.

The amount of social service work performed by the teachers varies according to the personal inclination of each one of them. Some do a great deal and provide all kinds of assistance including medical and dental attention. Others make but a few home visits and these only because they are demanded.

The social work of the teacher should be compulsory as she is in a position to do a great deal of it. The acquaintance with the parents will lead to their following instructions. She, besides making home visits, should hold parents' meetings at definite periods, and give talks on specific subjects as well as demonstrations in regard to proper preparation of proper food. Many teachers do this, but it is optional and frequently omitted where most needed.

The teachers also should receive proper instructions in regard to the health of children in open-air classes in addition to the readings recommended to them.

The nurses have done a great deal of social service work, as shown by the tabulation on another page. They have also assisted in procuring extra feeding by providing milk books, and in some instances, funds. By these methods results have been obtained which are shown in the summary. However, the results can be markedly improved to the advantages of the pupils, if we establish a more rigid routine and remove from these classes all pupils who fail to comply with the rules and regulations.

A pupil should not be permitted to remain longer than two months in an open-air class without having existing physical defects corrected or well under treatment. In the cases of dental treatment it can be readily understood that it might take some time to have all the teeth attended to. Such a rule will no doubt meet with a great deal of opposition at first. This, however, will be overcome with a proper campaign.

A study of individual cases will show that there are a great many children who have shown little improvement while in these classes, but if their defects were corrected they would

undoubtedly soon be normal in physical condition. The correction of diet is a difficult task and will take a great deal of effort and time to master. Unfortunately, both the parents and children must be dealt with. That results, even in this line are possible, has already been demonstrated.

The teachers and nurses should be encouraged to follow up all children discharged and transferred to regular classes so that the routine established while in the open-air classes should be continued.

The work conducted in the open-air classes will be of very little utility unless the children are so impressed with their instructions that they will continue to follow them in after life. Each one will then become a missionary and assist others to learn how to live correctly. This is very essential so long as the number of open-air classes is so few and we must rely on these children to carry to their homes as well as their friends the lessons they have been taught.

Additional nurses and medical inspectors to properly carry out this work, have been asked for in the Budget of 1918.

All members of the Bureau of Child Hygiene, whose work brings them into contact with the open-air classes, desire to express their thanks for the hearty co-operation of the Associate City Superintendent in charge of these classes, as well as the principals and teachers, the Committees on Prevention of Tuberculosis for the Boroughs of Manhattan and The Bronx, and the Boroughs of Brooklyn and Queens. The Supervisors of these Committees—Miss Sanders and Mrs. Cox—have given invaluable assistance and in every possible way have co-operated to make it possible to carry out the work successfully.

Very truly yours,

R. H. WILLIS, M. D.,
Acting Director,
Bureau of Child Hygiene

Reports from teachers

The following reports from the teachers of a few of the open air classes—anemic or tuberculosis—will afford an idea of the work carried on in these classes. These are typical of all.

P. S. 12, Manhattan:

"In conducting the anemic class during the past year, I have endeavored as far as possible to correct all physical defects, such as poor eyesight and hearing, adenoids and enlarged tonsils, and cases of malnutrition. By means of lectures, frequent visits to the homes, and talks with my own children in school, I have given instruction regarding ventilation, proper feeding, mouth hygiene, rest, bathing, and clothing. In addition I have tried to the best of my ability to improve conditions in the homes, and to procure help for families whose social and medical condition warranted same. At the end of the school term all of the children were sent to the country. It has always been my aim to improve the physical condition of the children by showing them how to live sane and healthy lives."

P. S. 59, Manhattan:

"During the past school year there have been ten open window classes and two open air classes in this school. One of the open air classes is attached to the Nose, Throat and Lung Hospital opposite the school, and the other takes care of the anemic children on the register of the school. It was organized last April and is taught on the roof of the auditorium. The teachers and parents are very enthusiastic about these classes. The children have gained in weight. They eat and sleep better and seem to do better class work than formerly. The teachers would consider it a great hardship if they had to return to the old order."

P. S. 89, Manhattan:

"The motto of the class has been, 'Good habits, good health and hard work go hand in hand to make success.' With this ever before the children much good has been accomplished. The good habits were formed in the classroom where morning inspection and daily brushing of the teeth helped a great deal. The good health was obtained as far as possible by bringing the physical defects of the children constantly before the attention of the school doctor and nurse and through the kind efforts of the Tuberculosis Clinic of Harlem Hospital and co-operation of the parents visited. The

hard work can easily be traced through the results on June 29. All were promoted except two out of twenty-five pupils and five received double promotions and two three promotions, which compared more favorably with the other classes in the school."

P. S. 158, Manhattan:

"During the past year I endeavored to gain from books and a university course ideas that would be helpful in the anemic class. This study resulted in an increased knowledge of the needs of the children and the possibilities of the work. The children responded well: physical defects were corrected, and because of better physical conditions the mentality of the class improved greatly.

"As teacher of anemic children I had two aims, first, physical improvement, second, the teaching of essential subjects for each grade. The atmosphere of the class was cheerful, seats adjusted to fit individual requirements were moved into the sunshine, equipment kept clean. We had simple corrective exercises in physical culture and breathing. The Home Hospital took charge of the diet and weight charts. I taught the class in groups, being careful to study and write out just what points were to be covered in each subject for each grade. I kept a record of each child's work, and used a hektograph in making assignments of work.

"Last spring the Board of Superintendents authorized the experiment of teaching a normal class of the seventh year in the open air. Class 7A2 was selected for the purpose. The principal effects on the pupils have been a marked improvement in physique, a considerable immunity from minor ailments, particularly respiratory troubles, and the accomplishment of the term's work in a shorter time than usual."

P. S. 50, The Bronx:

"We have secured better relation between the home and school by both Mothers' Meetings and home visits. At the Mothers' Meetings addresses were given by the school nurse explaining the causes of certain physical defects, the results of neglecting to attend to them and the remedy. Much benefit has come from the feeding at the school. Lately a cereal has been served and it has become very popular. The expense has been borne largely by the pupils."

P. S. 91, Brooklyn:

"The weight of each pupil has been taken monthly. The height of each pupil has been taken twice this year. Home visits have been made upon parents of each child, to advise as to feeding,

ventilation and remedy of physical defects. Milk and crackers have been furnished by the Bureau of Charities, given daily from November 1st to May 11th, inclusive. Daily rest hour in steamer chairs has been given in morning. School work has been carried on in groups and by individual instructions. Results: There was a gain in weight observed during the term of feeding, but a loss in weight was noted after the food was discontinued. As a result of home visits, several defects were remedied, and one parent agreed to send her daughter to the Otisville Preventorium for the summer. The pupils worked better in the afternoon as result of the morning rest hour."

P. S. 13, Richmond:

"In September I determined to accomplish the following: To build the child physically, to keep him up to grade, and to co-operate with the mother for his physical well-being. In order to carry out the first and second, it was necessary to have a mental, physical, recreative, and manual program. The mental part consisted of the essentials of each grade's work, the physical and recreative of such exercises and games as were suited to this particular group of children, and the manual of exercises to train the children to cook and serve the noonday meal. At the end of the year all except three of these children were promoted. The gain in weight varied from five pounds to eighteen. Adenoids, tonsils, and defective teeth had been cared for as far as possible. The co-operation of the mothers was accomplished through 'Mothers' Meetings,' home visits, and a card system checking the appearance, food, weight, height, care of teeth of each child."

Boat Southfield at Bellevue Hospital, annex to Public School 14, Manhattan:

"The outstanding feature of the work is its lack of formality, with freedom the essential characteristic. The spirit permeating these wards is indicative of its value as a basic principle with the sick. The open air kindergarten on the Boat Southfield is primarily preventive in character. The purpose of this class is to provide adequate kindergarten training under perfect health conditions for children from tubercular homes. The health and educational regime co-operate in the daily schedule, rest and work periods alternating. The regular attendance is a guarantee of the estimate of its value by the parents. The plan of work is along regular kindergarten lines. The children are out of doors summer and winter, both for occupation and rest. The work is planned to include all the essentials of a regularly organized kindergarten beside these added provisions for health and free exercise.

"The tuberculosis class of the Day Camp Southfield, at Bellevue Hospital, contained pupils representing almost every grade in the elementary course. Upon admission, a large majority of these children were far below the standard for their grades. This necessitated individual instruction, mainly in arithmetic and English. Later in the term they were grouped according to grades and proficiency. While one group received instruction, the other groups studied silently and diligently, thereby making them more self-reliant. The co-operative system was much in evidence. The curriculum was supplemented by training in cord and raffia work; there were organized games, music practice, and even the drama was not omitted. Personal hygiene naturally received more than usual attention, and constantly exemplified it showed its results in the general improvement of health and mental brightening. An interesting feature of last term was the School Bank. Thirty of the children has impressed upon them the value of money and the habit of saving was cultivated. The educational progress made at the day camp can be judged best by realizing that despite their physical handicaps the children retained the ability to take up and continue advanced work upon their dismissal to other schools."

Camp Huddleston, annex to Public School 12, Manhattan:

"At the tuberculosis classes of Camp Huddleston, Annex 1, Public School 12, Manhattan, the physical welfare of our children is the first consideration. Regular attendance at the camp is considered a very necessary part of the treatment given. It is our aim in co-operation with the hospital authorities and the Camp Auxiliary, to make the children so contented and so comfortable under the often trying conditions encountered in this work, as to overcome the prejudice felt by pupils and parents alike against segregation at a tuberculosis camp, in many cases at unusual distances from their homes. Proper outdoor clothing in winter, payment of carfares one way for pupils living at a distance from the camp, frequent trips to places of interest or amusement, entertainments, a gameroom, an unusually interesting camp library, and plenty of manual training are some of the means employed to attain this end. Hygiene lessons all center around some phase of the cause, prevention and cure of tuberculosis. Food values, proper eating, breathing, resting and posture, the choice of vocation are some of the topics stressed with the purpose of giving the children such an understanding of tuberculosis and teaching such habits of living as to expedite their recovery and to guard against a return attack of the disease in later life. As pupils become well enough they are given daily exercises in deep breathing, stretching, and relaxation. As regards the strictly school work, the children are kept up the grade by concentrating on the major subjects of the course. Group work is, of necessity, extensively used."

Day Camp, annex to Public School 14, Manhattan:

"The open air classes have been one of the most important features of tuberculosis work. The problem of the child suffering from pulmonary tuberculosis is unique. He is ill but not in bed; he may be active but not too active, he must cure as faithfully as an adult, but has not the mental resources of an adult to keep him occupied while inactive. These open air classes permit the child taking the cure to be happily occupied under ideal conditions. He works in the open air which is stimulating to both mind and body and ceases to worry over loss of advancement in school.

"The aim of the teacher in a class for these children is to keep them happily occupied and to advance them as rapidly as possible without physical injury. Although greatly handicapped by the severe cold in winter, and by frequent absences in more advanced stages of the disease, because of fever and other symptoms of activity, many children return to regular classes and are placed in the grade with their former classmates. Thus it will be seen that open air classes conducted by enthusiastic and capable teachers are an aid not only in handling the difficult tuberculosis problem, but also remove the handicap of lack of education which in later life is sure to hamper the adult."

Otisville Sanitorium, annex to Public School 14, Manhattan:

"During the past term I taught the grades of 1A to 3A inclusive. I endeavored to accomplish the work as outlined in the syllabus. The group method of instruction was used. As one group hears the instruction given to a higher one, the children of a lower grade frequently master not only the work of that particular grade but of the next higher one as well, thus making is possible for some children to do the work of two grades in one term. At no time, however, is the child's physical well-being sacrificed. Frequent rest and play periods being introduced between lessons, and in co-operation with the work of the Sanitarium special stress is laid upon the imperativeness of fresh air and hygienic living when the child returns to his home. The percentage of promotion is normal, the physical handicap seemingly does not retard the child's mental advancement. The tuberculous child appears to advance more rapidly in his work than the average child in perfect health."

BLIND AND SIGHT CONSERVATION CLASSES

Mr. William H. Maxwell,
Superintendent of Schools.

Dear Sir:

I beg to submit herewith my annual report for the year 1916-1917 on the work done in the Department for the Blind. This report is based upon:

1. The progress of instruction for the blind in elementary and high schools.
2. The introduction and operation of sight conservation classes.
3. Recommendations for the extension of the work to fulfill the needs of the pupils of the blind and sight conservation classes.

Classes for the Blind

The inauguration of the sight conservation work this years, and the activity of various agencies for the prevention of blindness during the past years have tended to reduce the number of pupils in the classes for the blind. All the partially sighted children have been removed from these classes to the sight conservation classes, and most of their places remain unfilled owing to the success of concerted efforts to stamp out causes of blindness especially among children.

Organization

Centers for the instruction of the blind are located in five Manhattan schools, four Brooklyn schools, one Bronx, and one Queens school, as follows:

Manhattan	*Brooklyn*	*Bronx*	*Queens*
17	83	45	77
44	93	.....	.....
110	127	.....	.....
171	157	.....	.....
186	.....	.....	.....

There is also a kindergarten conducted by the Board of Education at the Sunshine Home as an annex to Public School 127 Brooklyn.

Eighteen blind students have been enrolled in the city high schools during the years as follows:

DeWitt Clinton High School,	ten boys in a special class with teacher.
Wadleigh High School,	five girls with a teacher assigned part part of her time.
Newtown High School,	one boy.
Girls' High School,	one girl.
Hunter College High School,	one girl.

Bryant Athletic Club

The Bryant Athletic Club for blind girls and their guides was organized early in the year by Miss Mary G. Walsh, teacher of the class for the blind in Public School 17, Manhattan, and conducted throughout the year in accordance with the rules of the Public Schools' Athletic League, Girls' Branch. The club work consisted of folk dances, team games, and walks in the open air. The season's work culminated in the Central Park Fete where twenty-six girls of the Bryant Club made a splendid record in all of the numbers on the program. Provision for financial compensation ought to be made for this excellent after school work, so important to the happiness and development of the blind girls.

War Relief Work

Miss Gertrude M. Farrell, teacher of the class for the blind, Public School 171, Manhattan, reports as follows for her committee upon the War Relief Work:

> "During May and June, the pupils of the blind and sight conservation classes have devoted much of the time given to hand work in doing work for the Red Cross and the Navy League. They took up the work with great enthusiasm, and have shown a genuine spirit of helpfulness and pride in having a part in the noble work of relief. Many pupils have knitted sweaters, mufflers, and wristlets for the Navy, others have rolled bandages or made pillows and comfort rugs for wounded soldiers, the materials for which were collected by the pupils and teachers. The knitting supplies were purchased from a fund raised by the production of two plays in the Department for the Blind."

Manual Work

During the year a course of study for manual subjects has been arranged by a committee of which Dr. Margaret Meyers, teacher of the class for the blind in Public School 157, Brooklyn, is chairman. Each subject has been carefully studied, tried out in connection with the teaching of the blind, suitable adaptations made, and special devices contrived to enable the blind child to pursue his manual work with ease and efficiency. The sewing and kindergarten departments have rendered valuable assistance in this connection. During the year brush making has been added to the list of trades taught in the blind and sight conservation classes.

Braille Print Shop

The print shop for the blind has bent its energies this year upon books for high school use. The few high school books that have been embossed in other places are of such ancient origin that schools of New York City do not include them in their list. This work, in connection with the routine work for the elementary schools, has made the yearly output of the print shop the largest in its history.

Parents' Organizations

In October two parents' organizations were formed—one for Manhattan and The Bronx, the other for Brooklyn and Queens' parents. The purpose of these organizations is to promote the interests of the blind pupils in the public schools and to bring the parents and teachers into closer relationship. Several interesting meetings have been held at which the pupils gave demonstrations of the work of the Department, thus bringing the parents into a more intimate acquaintance with the school work, and affording the teachers an opportunity of conference with the parents.

SIGHT CONSERVATION CLASSES

Number and Size

Last January the Board of Education authorized sight conservation classes for partially sighted children. At present there are four of these classes in operation in Manhattan and three in Brooklyn, as follows:

Manhattan	Teaching
6	47
7	75
11	147 Girls
1	

In September there will be an additional number opened in each of these boroughs, as well as one such class in Queens and another in The Bronx. From ten to fifteen pupils may be successfully managed in this type of class, the number depending upon the age and grade of the children.

Purpose and Organization

The purpose of this work is two fold: To initiate a suitable form of instruction for pupils who can not be properly taught in regular classes without injury to their eyes, and to extend medical supervision over such children. The registers of these classes have been filled from the pupils with very poor vision formerly enrolled in classes for the blind, and from short-sighted pupils found in the regular grades of the city schools. These border line cases are taught by means of enlarged type used in the preparation of note-books, charts, maps, and other illustrations. They are trained to write and print double size, and are encouraged to use the blackboards extensively in their work. No home work is permitted, and the use of the eyes in poor light is forbidden. The pupils of the sight conservation class recite their oral lessons in the regular grades and receive class instruction therein, but they do their written lessons and other study work under the supervision of the special teacher who assists them over the difficult places and enforces proper care of their eyes.

Results

This new work justifies itself in the new interest and marked improvement of the partially sighted pupils, in the increased efficiency in classes from which those with defective eye sight have been removed, in the better opportunity to make safe adjustment of the study load to the partially blind child, and in the optical improvement which proceeds apace with the process of education.

Medical Care

The Department of Health has conducted the work of eye examination, refraction, and treatment of the pupils of the blind and sight conservation classes for more than a year. Great credit is due Dr. Beals for his efficient service in this connection and for his helpful and kindly co-operation with the special teachers. The rapid growth of the classes is due to his untiring efforts to discover pupils suffering from eye strain, to place them under treatment, and to secure their assignment to suitable classes. Great skill has been employed by him in the improvement of physical conditions underlying diseased eyes and impaired vision.

The Teacher and Her Responsibility

A teacher of experience, optimism, and common sense is a necessity for the success of a sight conservation class. Upon her rests a heavy responsibility—the development of the child, who, because of poor eyesight and consequent nervous disorders, has lost confidence in himself, and has lapsed into careless habits and an indifferent attitude toward work. The peculiar features of the work make each pupil an individual problem. The preparation of the didactic material in quarter-inch type or larger is slow and difficult, and consumes many after-school hours. Hand work and typewriting are essential subjects for the partially sighted, and must be taught by the special teacher. Recommendations made by the oculist in regard to treatment, proper use of eyes, prescriptions for glasses, and visits to clinics must be followed up by the special teacher.

RECOMMENDATIONS

Teacher of Music

Year after year recommendation has been made for the employment of a music teacher for the blind, but as yet no teacher has been appointed. The public school work for the blind can never be rated entirely successful until provision is made for the teaching of music so essential in its inspirational effect upon the blind, as well as its recognized vocational possibilities. Blind pupils have left the public school classes because of the lack of proper facilities for the study of music.

Home Teacher

The need of a home teacher and investigator for the Department of the Blind grows more urgent daily. It is impossible for the regular teachers to handle all of the complex problems affecting the home environment and social life of the blind children. It is poor economy to be without facilities to comply with recommendations made by the Department of Health concerning the health of blind pupils, and to be without means of placing candidates for blind and sight conservation classes under special instruction.

Salary Schedule

Revision of salaries should be made for the blind and sight conservation teachers with increases sufficient to lend an attractive element to disagreeable and difficult work, and to enable us to secure desirable teachers for the instruction of these handicapped pupils. The salaries should be commensurate with the special duties imposed upon these teachers and with the salaries paid teachers in other branches of work with handicapped children.

Summary of Recommendations

An urgent request is made for the employment of a teacher of music to the blind, the employment of a home teacher and investigator, and for increased salaries for the teachers of blind and sight conservation classes.

FRANCES E. MOSCRIP,
Inspector of Classes for the Blind

INFECTIOUS EYE CLINIC

June 29, 1917

Mr. William H. Maxwell,
Superintendent of Schools.

Dear Sir:

The following is a brief report of the infectious eye disease classes of Public School 65, Manhattan:

General Aim

The general aim of the work has been to follow under existing conditions as much as possible of the course of study as outlined in the syllabus. At different times all grades have been represented in these classes. The classes are therefore ungraded, the children being taught in groups and each child receiving individual attention. As the children's eyes are treated every day by the nurse, there are of course many times when they are unable to do any work owing to the fact that it takes some time to recover after the treatment.

Daily Program

The following is a program of the work followed in these classes:

8:30- 9:00—Inspection for cleanliness—Busy work.
9:00- 9:30—Exercises—Singing—Recitations
9:30- 9:45—Clinic—Treatment by nurse
9:45-10:30—Number—Oral, written—Grade work in groups
Manual work
10:30-11:30—Recreation period—Outdoor and indoor games, dancing
11:30-12:00—Recess—Lunch
12:00- 1:00—Language—Oral, written
Manual work
1:00- 1:15—Desk cleaning
1:15 —Clinic—Treatment by doctor or nurse

In the period marked "Inspection for Cleanliness" the children give time to personal hygiene. As the pupils enter, and cases are terminated at irregular intervals, no term plan can be followed. A plan for each day's work has given the best results. The work is done for the most parts in groups, and individual attention is given when possible. The manual work taxes the

eyes so little that all may enjoy it in some simple form, as weaving, paper cutting, modelling of simple forms, and basketry. Every child has been able to finish some piece of work during his stay in the class. The recreation period and the lunch recess break the one session day. The pupils are provided with fresh milk at their own expense, and they also bring bread and butter and fruit for their lunch. As a part of their treatment, they go daily to Seward Park for one-half hour for the purpose of recreation.

Results

From September, 1916, to June, 1917, 238 children were admitted to the Infectious Eye Disease classes, making a total enrollment of 1,318 since the opening of these classes in September, 1912. The teachers come into close contact with the pupils whose eyes are badly diseased and who are unpleasant to look at, yet the teachers have shown great consideration and patience and initiative in their work. They have gained the affection of their pupils by their interest and resourcefulness, and I desire to recommend that a bonus be paid these teachers as a slight appreciation of the service rendered.

Yours very truly,

C. A. KIDD,
District Superintendent.

THE DEAF

Mr. William H. Maxwell,
Superintendent of Schools.

Dear Sir:

I have the honor to submit the following report of the work in the School for the Deaf for the year 1916-1917.

The year has been one of intensive work on our problem, which presents difficult but interesting phases each year. It is still impossible to concentrate our thought and energy on all sides of this work. We have chosen each year two or three points which we felt needed stressing and have worked for these. The results have proved that this is wise.

Work with Beginners

This year we focussed our endeavors on the beginners. The kindergarten and the teacher of speech worked together, alternating with the groups of children, kindergarten work and the earliest work in speech and speech reading. The teachers worked for *expression* through kindergarten work and through play as well as through speech. The little voices developed very well, and as one heard the children at play, chattering to each other, trying to sing and to dance with a degree of rhythm, and laughing heartily, one felt encouraged to hope much from the start. Children who entered last fall, with no voice and no attempt at speech, and with no knowledge of language at the close of the year, of their own accord, said: "I love you," "I saw a shoe," or any one of twenty nouns following "I saw." They could take three commands at a time and execute them. They could use the following verbs in connection with "I" and "you" as subjects—"bowed, fell, ran, hopped, coughed." They would even attempt to dramatize a simple story. The spontaneity of the attempt at speech was the most encouraging feature of all. The teacher did not have to urge the child to speak. The entrance of any one was the signal for the children to talk. Their voices were sweet, and the faces showed no sign of stress or contortion through effort.

Unfortunately, these classes are very much crowded. Each class ought to be in a room by itself, near enough to the other to exchange groups, but separate so as to work without distractions. These classes grew so rapidly this spring that it was necessary to form another class and thus relieve the teachers.

What might we accomplish under good conditions!

Language Work

Another point we have stressed is the early language work.

Those familiar with the teaching of deaf children know what infinite care, patience, and persevering effort are necessary in order to give a mother tongue to those who have absolutely no natural language. To this end, various methods have been devised by those who have realized the needs of deaf children. Following these, the deaf child is taken from simple to more complex language. Over thirty years ago, Miss Caroline Sweet organized the language principles in a series of language stories. These were printed in four books, each book corresponding to one's work for the deaf. These stories were written for children who were taught by the sign not the oral method and hence, though excellent originally, they are no longer fully adapted to the oral method of teaching the deaf. This is particularly true of the first book. Heretofore we have used these books but realizing the great inadequacy of the first book for our present needs, we have begun a series of our own. Weekly conferences were held in order to incorporate all the valuable material from the Sweet series, with all important additions that have been brought to the work during the last thirty years. After these principles were determined upon, a language committee was formed. Their work was to write modern stories, which should not only introduce the desired language principle but should contain experience and language adapted to the needs of our city children. Furthermore, they were to write the essential correlative work to be taken with the stories, topics, verb work, and speech reading stories. They have completed the first year's work, commonly known as second year for the deaf, and the six classes, in which these stories and the correlative work have been used, have shown such remarkable progress, that we feel the school has taken the first big step in a work that is of great present and future value

Course of Study

The third point was the printing of our Course of Study. This has been the work of several years. The teachers arranged the three divisions of the work for the deaf for each grade of the school, giving definite work for each grade. They also fitted in the course of study for the hearing schools of New York City so that that is also covered. It was submitted to the Board of Superintendents. Having received the approval of the Superintendents and the Board of Education, the boys in our printing class printed the pamphlet. We are glad to have it in usuable form and we fell it is well arranged, but we can already see where it can be improved.

The grading of the school has also come in for a big share of attention. Each new child is a problem, especially in our crowded conditions. If we only had a new building!

We find the weakest children are those who come to us from hearing schools. They have considerable hearing and they try hard to conceal their deafness. The result is they are considered dull and hopeless. When they come to us we find their written language badly confused which means their thoughts are chaotic. I have spoken of this in former reports and have written about it. It is too bad to have these children wander through school, missing promotion or being pushed on until in the seventh and eighth years they are sent to us for possible transformation. I would suggest that every principal be asked to examine her school thoroughly for all cases of hard-of-hearing children and that these be sent to our aurist for further examination with a view to discovering just how deaf the child is and whether he needs individual attention. Among those who have come to us this year, we have been able to help some through medical attention.

New Building

It is my hope that some day in our new building, we may have one part devoted to classes for just such children, while the other half of the building will be for the congenitally deaf. Therein both sorts of children would be helped. In this connection, let me quote from a letter regarding the new school building for the deaf in Chicago:

"I am glad to tell you of this new building, the Alexander Graham Bell School, which is really a double building as there are 24 classrooms for hearing children and 15 for deaf children. The latter are in the south wing, the rooms having east or west exposure. These rooms are 24 feet by 25 feet and lighted by four large windows. They are equipped with desks which may be moved about at pleasure. There are large book cases and a teacher's wardrobe in each classroom. A room for the making of pottery is furnished with tables, a sink, and cupboards properly constructed to hold clay articles in various stages of completion. There is also a printing shop containing a small press and some type with cases and also a sink. The Household Arts room is in the south wing and is used by the entire school. It is finished as an up-to-date kitchen and has a dining room adjoining, in which meals prepared by the classes may be served. The older deaf children have already served a light luncheon there. On the ground floor is a penny lunch room with a kitchennette off it, where we expect to feed the deaf children at noon. It is a beautifully sunny room. Near it on the same floor is a gymnasium for the deaf children. There is also another gymnasium (larger) above the assembly hall which the older deaf children will use as well as the hearing children.

We have a modern kindergarten room for the little deaf folks and an aural room, cork carpeted, and made as sound proof as possible in which hearing is to be tested and articulation work done. We are also to have a small greenhouse fitted up on one of the large southeast landings."

This matter of proper housing must be met. We have proved the value of our work. Are we not worth consideration? Is Chicago wiser than New York? We are small in numbers. We never can be a very large school, but our work is saving the community from caring for helpless people, and we are giving self-reliance, an ability to work and to be good citizens to children who are badly handicapped. Our statistics show our success. Not once, but a number of times this year we have more requests for children to work than we have had children to fill the places. In one week five different firms sent for our pupils. In response to our yearly questionnaire, the following information has been received:

STATISTICS

(concerning former pupils)

Pupils responding to questionnaire	40
Pupils in hearing high schools	3
Pupils staying at home (girls who do not need to work)	7
Pupils married	6

Pupils working	71
Average wage (per week)	$8.69
Length of time in our place	
Over three years	11
Over two years	12
Over one year	14
Over one-half year	14
Less than one-half year (mainly children who have left this term)	20
Number who have money in the bank	35
Bought a Liberty Bond	1
Life insurance policy of $500	1
Number out of work	3

And these are all handicapped children with only an elementary school education and with the greatest possible handicap—the difficulty of communication through speech and language.

STATISTICS

(regarding children in the school)

Number of pupils on register	205
Age at which deafness occurred	
At birth	111
Under three years of age	60
Under six years of age	63
Over six years of age	23
Gradual	8
Amount of deafness	
Totally deaf	141
Can hear some sound	123
Can hear quite a little, but not enough to get on in regular schools	31
Causes of deafness	
Birth	111
Spinal Meningitis	50
Scarlet Fever	36
Measles	14
Diphtheria	4
Catarrh	6
Abscesses	6
Convulsions	6
Whooping Cough	5
Brain fever	4
Infantile paralysis	2
Rheumatism	1
Hypothroidism	1
Marasmus	3
Pneumonia	5
Typhoid	1
Mastoiditis	1
Malarial fever	1
Run over	1
Stepped on by a horse	1
Blows and falls	10
Unknown	17

Nationality

Foreign born	176
Of foreign born parentage	114
Number of pupils admitted during the year	74
Number of pupils discharged during the year	61

In February, nine pupils were graduated. Of these one, a gifted Italian lad, has a position doing carving of fine hand-wrought furniture, one is a printer, one went to the U. S. Agricultural School at Farmingdale, one is at an art stationers, one is doing millinery work, one is in a mail order department, two were needed at home, and one, who does not need to work, is at home. At our graduation, one of the graduates, Beatrice Osserman, presented the school with a beautiful flag. This was a very happy expression of appreciation.

Special Features

Our Camp Fire (Carwalke) girls have had a busy year, the latter part of which has been devoted to Red Cross work. They have gone to the Red Cross Headquarters every Tuesday afternoon and worked busily at anything they were asked to do. So well have they worked that they were asked to come every day. The training received in our industrial departments has made them more skillful than the ordinary girl of the same age.

In addition to this, our sewing classes made twenty-four comfort bags for the soldiers, and every child contributed something to fill the bags, so that each one had the full number of articles asked for. The boys have not been idle. They have collected and sold old newspapers, so as to earn money for shoes for poor children.

Through the kindness of some good friends, forty children have had a big cup of milk and some crackers every day at half past ten. This has been a very practical help in the care of our anemic and undernourished children. We still continue the luncheon as served by the School Luncheon people, but we regret that the high cost of paper has cut off our paper napkins.

Dr. McAuliffe, our aurist, and Dr. McGuinness have come faithfully every Thursday afternoon and have given treatment to one hundred seventy-five children, some of them many times. Cases requiring special care have been attended at the private

offices of these good people and at the Post Graduate Hospital I cannot speak too highly of this work. It is most useful, and most generously have these doctors given of their time and their wisdom and kindness of heart. Our nurse, too, comes in for her share of praise.

The industrial work has grown and has improved in quality. Dealing as we do with individuals, we can discover talent and prepare children for work along special lines. It was a real sacrifice to give Miss Ronzone to a broader field, but she has laid such a good foundation that we hope to keep up this work, which she will still supervise. Our printing teacher has also been successful in placing our boys, and this branch of our work is busy the year round with outside orders. The shop takes splendid care of our repairs and is first class at making scenery and stages for graduation exercises. The sewing and the cooking classes, too, have been well conducted.

The children have been kept in touch with current events in these stirring times. They saw the French general, they rode the length of the city on the bus to see the decorations, and they have visited many historical spots. Several classes have taken the trip around Manhattan as a geographical lesson. Talks have been given at assembly on the many new and difficult words found in the papers of today. The little paper, Current Events, has many readers in the school. They are a very patriotic band of children and it is pathetic to hear them say, "I can't ever be a soldier, because I am deaf, but I'll do my bit!" Sixty children have gardens and are working earnestly. One lad who lives in a tumble down old tenement on the lower west side saw the possibilities of a forlorn back yard. He hunted up an older boy and begged him to ask a teacher, who is a nature lover, to come down to look at the yard. She went. She started the cleaning up and the digging and the planting. Today the garden is a real garden! Every time the teacher calls, all the neighbors watch proceedings from the many windows round about, and the next door neighbor has cleaned up his yard and started a garden, too. And the small boy has been transformed. He had always been a nuisance. Today he has a man's responsibilities in that garden, and he has grown inches in dignity and importance.

Through our Sunday afternoon meetings we have kept in close touch with our graduates and former pupils and nothing is a source of more real gratification than this gathering. There were sixty present at the last meeting, all eager to tell what they were doing and so glad to be back at school and to meet their teachers.

The annual reports always give a chance to express the optimism in our outlook as created by our children. Teachers and principal are having the joy of seeing the child's mind cramped and narrowed by deafness, expand and take hold of words as symbols for ideas, and express them with a rather faltering tongue perhaps, but with gladness that he is like normal people and not set off by himself as a strange person.

The annual report gives a chance to say "WE NEED A NEW BUILDING!" Alas, we've said this for several years. Does anybody really study these reports and shall we ever have that new building? 32 classes in 22 rooms one of which is a make-shift of a room for 3 classes! Two tiny yards, no outdoor yards, no roof playground, artificial light a necessity, stables in the rear, and yet here we stay, huddled together every school day from 9 until 4, noontime included. This for children, in many cases, deaf through disease. Is it right?

CARRIE W. KEARNS,
Principal.

CRIPPLED CHILDREN

Mr. William H. Maxwell,
Superintendent of Schools.
Dear Sir:

I beg leave to submit a report on the classes of crippled children in the public schools of this city for the year 1916-1917. The report on the physical training of these children is embodied in the report of Dr. Crampton, Director of Physical Training.

The principals of schools having classes of crippled children report briefly as follows in regard to the condition of the children and the work carried on:

Principal DuBois of Public School 27, Manhattan, reports in regard to the three classes in his school:

> "Great care is taken to have the classrooms well ventilated at all times. A hot lunch, well cooked and well served, with the menu changed daily is provided by the Philanthropic League. During the term special attention is given to a daily morning inspection; to two-minute drills, three times each day; to physical exercises for response, control, and rhythm; to active playground games at 11 A. M. and at the noon hour; and to quiet seat games between periods of mental effort, interspersed with much music and singing.
>
> Numerous visits to clinics and hospitals are made by the teachers with the children. Many children are provided with braces, crutches, clothing, and shoes through the efforts of the teachers, their friends, and the Welfare League of the school.
>
> One day each week during the summer after the close of school, and one day each month (May and June) a ride is provided for each class from a driving fund provided for crippled children. The teachers co-operating with philanthropic societies, hospitals, and other charities, provide a vacation at the seashore or mountains, from two weeks to two months."

Principal Arnold of Public School 30, Manhattan, reports as follows in regard to the two classes in his school:

> "All the children in the crippled classes are encouraged to walk and play freely. Setting up exercises and drills are given daily. The hospital cases are followed up by the teachers, and treatment is urged wherever necessary. Braces are supplied and aid given

by the Society for Aid of Crippled Children. School lunches are provided at one and two cents a portion. The teachers give individual attention and keep in close touch with the home. In some instances improper medical treatment was corrected by the teachers."

Principal Brown of Public School 44, Manhattan, reports as follows in regard to the four classes in his school:

"Our work with the crippled children has been very satisfactory this year. Nearly all of the pupils have been promoted regularly, and six have been graduated. The tuberculous cases have been segregated and placed in an open-window class. The room occupied by this class is equipped with folding chairs and cots, and the pupils have a nap daily.

The pupils are exercised in the playground in such games as are adapted to their physical condition. The classrooms are equipped with special seats and desks which are adjusted to individual deformities. An appropriation has been granted for the fitting up of an industrial and recreation room for the crippled classes. Miss Ronzone has introduced an industrial course, intended to select for each pupil a series of lessons that will train him for remunerative employment when he must leave school. The teachers have taken this up with enthusiasm and are taking special lessons in the subject.

Hot lunches are provided for the cripples, and they have enjoyed many excursions to the country and to places of historic interest. They were all taken to see a patriotic play. Through the kind co-operation of the Seaside Home for Crippled Children many of them have the benefit of a few weeks at the seaside in the summer."

Miss Ikelheimer, principal of Public School 68, Manhattan, reports as follows in regard to the four classes in her school:

"During the school year 1916-17 there have been in attendance at Public School 68, Manhattan, between 82 and 90 crippled children. As yet we have had no children admitted who were crippled by the epidemic of last summer. The children have been kept in very good health by the careful attention of the teachers, and a good lunch given them each day. The association known as the Home and Day School for Crippled Children has continued this work. Besides a substantial meal at noon each child gets a cup of cocoa or milk at ten o'clock each morning.

Unfortunately at No. 68 there is not sufficient playground space to allow of directed play out of doors. In spite of this, attention has been given to proper exercises and games. The teachers look very carefully after the health of the children, and by home visiting and consultations with parents and clinics have seen that no child's health suffers during the school term. In fact as a rule these children gain in health and strength during the school term."

Principal Boyle of Public School 69, Manhattan, reports as follows in regard to the five classes in his school:

"In the annual report on defective children in 1914-15, I advocated an extension of the manual work in classes for crippled children in order to train them along special lines of trade from which they might choose an occupation to be followed in life. I recognize the fact that great care must be exercised in guiding the crippled child in making a choice. The mental and physical ability of each one must be the determining factors as all crippled children or even those suffering from the same disease cannot do the same kind of work.

I am pleased to report that industrial work as planned and outlined by Miss Carolina G. Ronzone and introduced in Public School 69 under her supervision promises to produce great results. Owing to its recent introduction it is not possible to report fully but enough has been accomplished to warrant us in predicting great things for the future.

The work as organized leads the child through play interests, beginning with the lowest grade, to obtain a dexerity in the use of his hands and at the same time a knowledge as he progresses through the grades of the correct use of details which he will later employ in the trade. Thus an invaluable foundation is laid in which no other suggested course of study has yet shown.

I have opened a shop in this school which has been partially equipped and I am pleased to note the enthusiastic reception this work has met with from the children. The parents have been aroused now that there seems to be a future of entire or partial independence for their off-spring. Four of the six children graduated this June have asked permission to return to this school in September for further trade training. One of the other two goes to high school and the other to business. I am pleased to note the value of the placement work in connection with Miss Ronzone's course, and desire to thank the Board of Superintendents for giving this opportunity to the crippled children."

Principal Smith of Public School 70, Manhattan, reports as follows in regard to the class in his school:

"The class was most carefully supervised by the medical inspector, the school nurse, and the special nurse assigned by the Association for the Aid of Crippled Children. There was complete co-operation between the school and the various hospitals and clinics. Through these agencies and through the systematic exercised supervision by the Department of Physical Training, much permanent improvement was undoubtedly effected. The Children's Driving Fund took the children on sightseeing tours regularly from May 1 until the end of the term.

The vocational training under the direction of Miss Reynolds, although still in the experimental stage, has added something indirectly to the happiness of the children.

Generally speaking, there was more willing service rendered by everybody concerned than ever before."

Mrs. Scheider, principal of Public School 75, Manhattan, reports as follows in regard to the eleven classes in the annex to her school:

"The East Side Crippled Children's Association provides for the physical care of the crippled children of Public School 75, Manhattan. A trained nurse (with her attendants) is in daily attendance throughout the year. Under the care and supervision of this capable nurse, the children receive attention to every detail of cleanliness and well being. A physician visits the school twice weekly, and it is under his direction that the necessary orthopedic treatment is given. A hot meal is served to the children free of charge. Milk and bread are supplied during the morning recess and again before the children are dismissed to their homes for the day.

The exercises given to crippled children differ from those of normal children. No child is allowed to participate in any form of exercise which would be harmful. Before any exercise is permitted, the diagnosis of each child's disability is considered and only such exercises are allowed as are approved by physician and nurse. Likewise the organized games are supervised. The children enjoy their games unconscious of the careful restriction that protects them."

Mrs. Wright, principal of Public School 104, Manhattan, reports as follows in regard to the mentally handicapped cripples in her school:

"Efforts to develop along mental and manual lines the feeble handicapped children segregated in Public School 104 for the past two years have met with very little success, a degree not commensurate with the expense incurred by the Board of Education to educate these children.

A child both mentally and physically handicapped is not responsive and is an irresponsive being, and it is difficult to make the parents of such a type comprehend the mentality of the child. He can be, as it were, amused or his mind kept centered along certain lines, for the day, but the retention of what he has seen or done of the cases is not remembered over night.

I am more fully convinced than ever that the mentally defective cripple should not be in our public schools and since it is not the

province of the Board of Education to provide day nurses for these children (as many parents expect the Board of Education should) they should be placed in institutions equipped, if not by the Board of Education, then by the state authorities."

Principal Lewis of Public School 192, Manhattan, reports as follows in regard to the crippled class at the Blythedale Home annex:

"The crippled children at Blythedale Home are taught in open air classrooms and have been provided with special equipment for the cold weather. Their rest period of one hour each day is taken in an open air pavilion which is also used as a playground.

The work in physical training is based on the doctor's diagnosis of the case. As the children in these classes are of the bone tubercular type, the course of study in physical training has been modified and many children are excluded from the formal work in gymnastics. The recreational period is devoted to quiet games and games limited activity given either in the classrooms or in the playground."

Principal Viertel of Public School 10, The Bronx, reports as follows in regard to the two classes in his school:

"Children in the crippled classes of this school are taught the regular studies, group teaching being necessary because there are several grades in a room. Physical training exercises and games are used. These consist of two minute drills (regular two minute drill modified for crippled children), marching exercises, and some arm and leg exercises. It is obvious that some children are excused from some and even from all these exercises. Milk and crackers donated by the New York school lunch committee, and food prepared by the regular cooking classes of the school, supply food for the children of these classes.

Every effort has been made to have each child in these classes get treatment for its physical improvement. Nearly all of them are undergoing treatment. Parents and nurses from the Association for the Aid of Crippled Children have helped. Many of the cases had been neglected for years. Operations, new braces and crutches have improved many of the children. Arrangements have been made to have each child spend a month in the country this summer."

Principal Loughlin of Public School 32, The Bronx, reports as follows in regard to the four classes in his school:

"In the crippled classes of this school the health and physical training of the children are regarded as of the first importance.

Three of the teachers have pursued courses and attended clinics bearing upon the physical care of cripples. The one particular in which these children have suffered physically lies in the fact that numbers of them have been compelled to stand in the stages to and from school. The paralysis epidemic has increased the enrollment to over seventy, for whom but two stages are provided. This condition is so indefensible as to be scandalous. I have labored long and in vain to bring about the severing of the red tape which prevents relief from these cruel conditions. Can you help?"

Principal Stantial of Public School 56, The Bronx, reports as follows in regard to the class in the annex to his school:

"Our cripple class is located in the Montefiore Home on Gunhill Road about ten blocks from the school. The pupils are residents of the Home and get lodging and board there. The room is bright and airy and opens on to a beautiful garden. In this garden under awnings and pergola the lessons are taken outdoors, when the weather permits. On the same floor with the classroom is a well equipped playroom. This is utilized every day by all pupils as far as their physical condition.

Our pupils range from kindergarten to 8B and our average register is about twenty-two. In addition to the common branches much manual work is done. The patrons of the Home provide special teachers who give lessons in knitting, chair caning, and basketry at weekly intervals. The patrons also provide entertainments and concerts for the pupils' leisure hours. We have found the authorities of the Home most willing and efficient in their co-operation. To sum up, we consider the conditions and environment ideal for a class of this character."

Principal Sprague of Public School 15, Brooklyn, reports as follows in regard to the class in his school:

"Physical training consists of the 'Two Minute Drill' at 10 and 11 A. M. and again at 1 30 P. M. From 10 30 to 10 45 we have organized games. During the noon recess those that are not resting play games.

As to the general health of the child, we believe in all the fresh air that we can possibly give to these children while in our charge, and also encourage them to take breathing exercises at home at the open window. We have open-window ventilation and try to keep the temperature of the room at 58. The windows in the stage are always kept open. Hot soup is served to these children at noon. As many as are able bring a small bottle of milk which they drink at 10 A. M. Our school doctor and nurse are most kind in giving talks to the children upon hygiene and proper hours

conditions. These suggestions of theirs are followed up by the teacher. At the beginning of each term a hospital record card is given to each child, which is filled in at a clinic or by the family physician. After an operation or change in mechanical appliances another card is given so that we follow the physical condition of the child very closely. When a child enters the class, he is given a hospital record card and asked to go to a clinic. If he is not under treatment at the time of admission, the teacher follows up the case until the child has had an opinion from an orthoepedic physician. We find that a call at the home by the teacher in most cases will interest the parent to such a degree that he will do everything he can to assist in the treatment of the child. We have only three children not under regular treatment, and this is due to the fact that the parents refuse to have an operation performed. I hope to have their consent by the early autumn.

It will be gratifying to you to know that we have been able to find a place in the country for this vacation where the children may go for at least one month.

I might add in closing that the teacher keeps a record of the visits of each child to the hospital, and also of the days he should report there for treatment, and she sees that he does on the days he should."

Principal Perkins of Public School 26, Brooklyn, reports as follows in regard to the class in his school:

"Each child has been encouraged to eat nourishing food, to stay in the open air as much as possible, and to keep his body clean and in good order. The classroom has been kept clean, the windows open, and the room kept at a temperature ranging from fifty to sixty degrees. Healthful exercises have been taken at the end of every twenty minutes. In cases where children had no medical care, parents were interviewed and requested that immediate attention be given to their physical condition. Children who had poor sight and poor teeth were given directions for cures, and they followed instructions given them. During the warmer months outdoor games were participated in to improve the health and strength of the children. Arrangements have been made by the school to have more than half the children sent to the country from two to four weeks through various fresh air associations."

Principal McCormack of Public School 30, Brooklyn, reports as follows in regard to the class in his school:

"Close attention is given to the child's physical condition. Some children are under treatment before they are admitted to school. In such cases the class teacher is alert to see that parents do not

neglect taking the children to the clinic regularly at such times as the physician in charge directs, or as the teacher herself may deem necessary. If a child is not under treatment at the time of admission, all possible pressure is exerted to cause the parents to put the child under treatment at once. Should they neglect to do this, proper treatment for the child is sought by the teacher at the clinic after the parent's consent has been obtained. All these cases are carefully and persistently followed up by the teacher, who works in conjunction with the District Nursing Committee and the nurse in the various hospitals. When braces, operations, glasses, etc., are necessary in the proper treatment of the case, and investigation shows that the parents are unable to bear the expense, the teacher seeks the assistance of the Bureau of Charities.

In order that the best results may be obtained, much care and attention are given to the hospital record cards. By means of these cards the progress of each case is kept constantly in view. Cleanliness on the part of the children is made a matter of prime importance. Three times daily, more often if deemed advisable or necessary, setting up drills are given. In addition, the children march and play games whenever, in the opinion of the teacher, some form of relaxation is required. Frequent visits are made by the teacher to the home, who has at the same time, through her influence with the parents, rendered much assistance to the nurses in obtaining parental permission to send the children to the country."

Miss Fitzpatrick, principal of Public School 34, Brooklyn, reports as follows in regard to the two classes in her annex:

"During the past school year our crippled children have had open air ventilation all the time; physical training and games each day; regular morning inspection, including that of braces and crutches; and a play period at McCarren Park each fine day.

We have worked in co-operation with hospitals, securing in all but a few cases regular hospital treatment; a large number of the children receiving hospital treatment for the first time in their lives. Forty-five out of fifty children have had their teeth put in perfect order at a nearby clinic. Seven of the girls were sent to the country for a month."

The principal of Public School 64, Brooklyn, reports as follows in regard to the two classes in his school:

"We have a register of forty-six, divided into two classes, the line of division being grade 4A. Of these pupils all but one are under the care of orthopaedic specialists and report to their physicians once a month. Nurses attached to the Board of Health have visited the homes of all pupils and have reported the parents

as to the proper hygenic measures. Each summer all children, whose parents so desire, are sent for a two weeks stay, or longer, at the Seaside Home for Crippled Children at Averne, L. I.

Especial attention has been paid to lunches brough by pupils. Parents have been urged to supply nourishing food. Each child brings two cents daily, with which milk is bought for his lunch. We have no provision for hot lunches for the class.

As long as possible each year open window ventilation is employed; the children working with their wraps on. During almost four months of each year all lessons, except those demanding the use of desks for writing, are studied in the open air school court yard. This yard is also used for a daily recess of twenty minutes, employed by the pupils in games suited to their respective disabilities. Much use is made of balls, and decidedly lively games and vigorous exercise result. In inclement weather suitable classroom games are substituted. A modified setting up drill with open windows affords relief between class periods. Occasional excursions to places of interest are taken through the co-operation of the drivers of the stages. Last June the classes attended the Fete of the Girls' After School Athletic League in Prospect Park. Other excursions are planned.

Our chief need is a suitable equipment for our second class, organized in January last. Suitable seats have not yet been provided and the strain upon many of the pupils is hardly beneficial."

Mrs. Moriarty, principal of Public School 162, Brooklyn, reports as follows in regard to the five classes in her school:

"The work has been extended from four to five classes. In addition to a classification of children according to physical defects, departmental work in certain subjects has been introduced. Money has been appropriated to complete the proper equipment of the five rooms and for an additional industrial community center. A sixth class can be organized without additional expense. A third stage has been provided which greatly facilitates the conveyance of the large registration of children. Every child is or has been under clinical care. Summer vacations have been provided for all children who have been approved by the associations providing the same. Clothing and entertainment have also been provided. "The Happy Helpers" of the Grace Aquilar lodge has contributed $10.00 each month toward the mid-session luncheons."

Principal Frost of Public School 168, Brooklyn, reports as follows in regard to the class in his school:

"During the year just completed our registers and attendance were higher than ever before, even with the relief afforded by the

opening of an extra class in Public School 26 to which we transferred a number of children. The children made much progress, taking part in the Red Cross work undertaken by the school for the relief of our soldiers during the present war period.

The teacher visited the homes of the pupils two or more times during the recent session with the result that all the needy ones are receiving treatment at the various clinics in the City. In many cases the teacher has given her own private time to conduct the children to the clinics, where parents were too busy with household duties to perform this service themselves. During the month of March the class took a little excursion to witness a performance of the play "When Johnnie Comes Marching Home." The outing was thoroughly enjoyed and too much credit cannot be given to the Society for the Relief of Crippled Children, which association sponsored this treat for little ones who rarely, if ever, have an opportunity of seeing the big city.

In conclusion let me say that this part of our work is achieving the greatest success, and that the pupils and their parents are loud in their praise of what the Board of Education is doing for their helpless little charges."

Additional Appropriation

At the budget hearing in October, 1916, a request was made for a special appropriation for the organization of additional classes of crippled children and for the transportation of such children to the schools, as a result of the infantile paralysis epidemic of that summer. An appropriation was not allowed on the ground that it could not be shown at that time that any special need existed. As was expected by those in intimate touch with the situation, the orthopaedic hospitals were crowded and early in the spring term many crippled children were applying for admission to the schools.

On April 23, 1917, the Board of Superintendents, after a careful study of the facts presented, recommended to the Board of Education that $12,950.33 be provided for the immediate equipment of eight classrooms and the transportation of crippled children. After a careful study of the special fund appropriation, it was decided by the Finance Committee that funds were not available and that nothing could be done this year. As a consequence, these children must wait until another year before they can be cared for in the public schools.

"'Tis true, 'tis pity
And pity 'tis, 'tis true."

Equipment and Transportation

The main expense in the education and training of crippled children is the special equipment of classrooms and in transportation. It is necessary to provide specially constructed adjustable seats and desks, air pillows and cushions, cots, and foot rests.

Transportation by horse-drawn vehicles is not satisfactory. In many instances the distances are great, and the time consumed in travel considerable. Furthermore, the stages cannot accommodate all of the children without undue crowding. As a consequence, many of these children, some of whom are in braces and casts, suffer discomfort in transit. One automobile stage has been secured as an experiment. The city should at once secure automobile stages for the transportation of all crippled children. These stages would convey more children at a time, would make two trips in the time taken by one horse-drawn vehicle, and would make the transportation of children comfortable. The city should own its own automobile stages and thus be able to outline the routes and make any changes readily when necessary.

The work of Miss Adela J. Smith, special physical training teacher, assigned to the care of physically handicapped children, is of a high order. She has organized wherever possible three groups of these children—tuberculous joint cases, non-tuberculous cases, and mentally deficient cripples—and has planned the work so as to meet the needs of each child in the best way possible. She has outlined the stage routes, has indicated the individual equipment needed, and has assisted in the preparation of the budget. Her services in connection with the physical welfare of these handicapped children are invaluable.

Respectfully submitted.

ANDREW W. EDSON,
Associate Superintendent of Schools.

INDUSTRIAL AND PLACEMENT WORK FOR CRIPPLED AND DEAF CHILDREN

Mr. William H. Maxwell,
Superintendent of Schools.

Dear Sir:

On the twenty-third of April, 1917, I was assigned to the position of special instructor of Industrial Work for Crippled and Deaf Children, and to the placement work of such children.

For the past five years I have carried on this work with deaf children so that now many are in good positions in the best firms of this city, and are measuring up well with the average wage earner of the high schools. It has taken four years to accomplish this in the industrial department. To lay a foundation whereby a majority after they have reached a certain standard may enter the trade departments, a course of study is being followed which trains the little ones in the lower grades to use their fingers and tools correctly. They work entirely from nature and depend upon their eyes and hands to cut and make with no aid from the pencil. This gives much freedom. It makes the child familiar with the manipulation of materials and the different processes employed, which when gathered together means a trade. It means applying all the details learned in the lower grades to the trade the child means to follow.

My experience at the School for the Deaf has shown me the importance of securing trade methods and has given me a knowledge of the demands of the industries of the city. It has been something of a task to establish co-operation with trade centers. This has been gained by arousing and sustaining the interest of the tradespeople, by securing their confidence, and by showing them that we possess a thorough understanding of the requirements. And after all this is gained, there still remains the difficult task of enlarging the vocational imagination of both child and parent. This may be accomplished only by vocational training; by teaching pupils the facts relating to the demands of vocation and to the necessary preparation for a successful career in it; its possibilities, and its effect upon health. Through

these schools the parent can understand the value of deliberation before placing a child in any line of work, the danger of hasty selection of a vocation, the sacrifice of their own interests and the child's rights by placing him where there is no opportunity for training or progress, and the work unfitted for its physical condition. Through such schools the avarice of the parents may be met and the child saved from sweatshops and most undesirable conditions. At the present time there are deaf, blind, crippled and tuberculous children who are old enough to leave school and whose parents are demanding their release, children whose minds have been well trained and whose bodies have been cured of active diseases, but whose hands have been neglected and who therefore must leave school unfitted to meet the demands of the world. It is this deplorable condition which should impel teachers to be well trained in the various vocations and to be in close co-operation with the trades.

In the eight schools for crippled children there are about 810 children, and 260 children at the School for the Deaf. Early the coming year I expect to begin to organize work in The Bronx, Brooklyn, and Queens schools, which will mean an increase of about 552 children.

Since my assignment on April 23rd, I have been visiting classes and training the teachers in charge. In the fall I am planning to hold evening classes at my studio, where I have all the necessary materials and equipment, and where these teachers will meet the trade expert and thus become familiar with trade methods.

All the graduates of the School for the Deaf are filling industrial positions and are advancing to higher salaries. This year's graduates of the classes for cripples will be taken care of though they will not be able to enter the industrial world due to lack of training in this direction. Some will go to high school and for others new fields, such as positions in the office, telegraph and telephone, will be opened. One girl graduate, who is deaf as well as crippled, will enter the School for the Deaf in the fall and will take a year's training in millinery and also enter the speech classes.

It has been a great satisfaction to find how many good people we find in the world, busy men and women willing and able to

help our handicapped children. Many of the firms I have visited in behalf of the crippled child are not only willing to open their offices to him, but even send work to the home. Other firms have offered money to help the work.

The following is a summary of my work:

Assigned to School for the Deaf	April 1912
Present number of wage earners	71
Average weekly wage	$8 00
Assigned to classes for crippled children	April 23, 1917

Organized Work in Schools

Manhattan	*Pres. Register*	*New classes to be formed*	*Total Register*
P. S. 27	66	2	100
P. S. 30	42	1	57
P. S. 44	120	2	150
P. S. 68	90	0	90
P. S. 69	97	1	117
P. S. 70	24	0	24
P. S. 75	173	0	173
P. S. 192	35	1	55

Approximate cost of materials (per child)	$ .65
Approximate cost later (as at School for Deaf — per child)	.15
Approximate cost of equipments in school where special room is available	$100 per school

At present the work is being carried on in classrooms with splendid success, only one school having a special room to spare.

Graduates—Crippled Children Classes, June, 1917

Man.	*No. of Grad.*	*High School*	*Office Work*	*Return for industrial training*
P. S. 68	6	4	2	0
P. S. 69	6	1	1	4
P. S. 44	3	1	1	1

The following is a placement and record card as used in this work:

(Front of card)

DEPARTMENT OF EDUCATION
CITY OF NEW YORK
INDUSTRIAL AND PLACEMENT RECORD CARD
FOR CRIPPLED AND DEAF CHILDREN

Name ..... Address .....
Age ..... Nationality ..... Sex.....
Attendance record ..... Conduct.....
Personal appearance .....
Special ability .....
Has applicant any preferences as to line of work he would like to follow?
Return card to—Carolina G. Ronzone, School for the Deaf, 225 E. 23rd St.

(Back of card)

Graduate of P. S..... Date.....
Occupation .....
Name of employer .....
Place of business .....
Wages per week .....
Date of placement .....

Work to be organized in the following schools, January 1918.

	Pres. Register	New Classes	Total Register
	The Bronx		
P. S. 10	38	2	53
P. S. 32	72	2	87
	Brooklyn		
P. S. 15	26	2	41
P. S. 26	45	1	60
P. S. 30	44	0	44
P. S. 59	50	3	65
P. S. 64	39	0	39
P. S. 162	103	0	103
P. S. 168	30	1	45
P. S. 107	0	2	30
	Queens		
P. S. 44	0	1	15
	Manhattan		
P. S. 46	0	1	15

Respectfully submitted,

CAROLINA G. RONZONE,
Teacher specially assigned to Industrial and Placement work for Physically Handicapped Children.

SPEECH IMPROVEMENT

Mr. William H. Maxwell,
Superintendent of Schools.

Dear Sir:

I have the honor to submit to you my second annual report as Director of Speech Improvement.

General Survey of Departmental Functions

1. The prevention of speech defects
2. The correction of speech defects
3. The correction of foreign accent
4. The development of better speaking voices

Prevention

Acute cases of speech defects—such as the habits of stuttering and stammering—are usually acquired between the ages of four and nine. They are, in most instances, the result of overtaxing the mental faculties controlling speech during a period of extreme weakness following the illnesses peculiar to childhood, of nervous shock or fright, or of other often imposed condition of unusual excitement. It is at this critical time that the child, oftentimes through imitation, whether direct or indirect commences to hesitate, stumble, or stutter. Difficult sounds are more and more slurred or avoided through fear, and soon the complete vocal mechanism is thrown into a panic. The over sensitive child notes with humiliation and embarrassment the smile provoked by his efforts to speak, and develops an intense desire to overcome the handicap. The usual result is an overinnervation of the organs of speech, an interference with the proper subconscious control of breadth and consequent mental confusion. Class teachers, knowing nothing of the nature of the handicap, either regard it as a constitutional weakness, erroneously classify the child as a mental defective, or else intensify the trouble by making him attempt a conscious control of breath. Most parents, unfortunately, look upon stammering or any other speech defect as a childish trait which will be outgrown. It is

therefore the duty of the speech improvement teacher to hold regular conferences with teachers and parents not only to co-operate with them in the correction of speech defects but also to point out the methods whereby they may prevent faulty speech habits.

In this connection I strongly advise that the child be permitted to acquire the habit and control of correct speech before being compelled to read the symbols of language from a book

Correction

The province of this department, with its handicapped children, is not merely to alleviate conditions but to actually correct them. An imperative need is the organization of certain centers in each borough where the acute cases may be segregated and educated under the guidance of skilled specialists—such as is done with the deaf.

We now have six special teachers assigned to three schools each. This means that we are giving the needed care to the speech of children in only eighteen schools out of a total of over five hundred.

The beneficial influence of a special teacher of speech improvement is manifest in the following report from the principal of Public School 114:

> "I take pleasure in advising you that as a result of the work of our teacher of speech improvement, during the past seven and one-half months, 41 cases of speech defects are entirely corrected while 55 show a marked improvement. Miss Secor has impressed upon the pupils, of the entire school, the value of clear enunciation in business and social life. An active interest in speech improvement has been aroused by classroom lessons which have proved interesting, practical and instructive to both teachers and pupils
>
> Teachers have received instruction in methods to assist in the correlation of speech improvement work with spelling, phonics, reading, oral English (including memory work) and written English. They also, for the following purposes, received instruction in methods of correcting speech defects:
>
> a—To supplement the work of the special teacher in correcting marked cases.
>
> b—To prevent slight cases from becoming chronic.
>
> c—To prevent the development of new cases.

> Vocal drills have been introduced in all grades of the school and great assistance has been rendered in the correction of foreign accent. Many teachers have already filed requests that Miss Secor visit their classes as often as possible next term."

Statistics from all principals show that, during the yast year, the six special teachers of speech improvement instructed 2,959 cases of speech defects, and corrected 1,745 of these, including 286 stutterers. These figures do not include the work accomplished at the clinics held by this department at Townsend Harris Hall on Saturdays, the Brooklyn Training School for Teachers on Tuesdays, and at the Director's office on Thursdays.

There has been so great a demand from adults employed in the day time, who are seeking proper treatment, that an evening clinic will be started by this department in the Fall in co-operation with the College of the City of New York.

Correction of Foreign Accent and the Development of Better Speaking Voices

The new syllabus in Oral English, lately adopted by the Board of Superintendents, is designed not only to assist teachers in the solution of the problem of foreign accent but also as an aid in the correction of imperfect phonation. It includes not only systematic rules for the elimination of foreign accent but definite vocal exercises which if practised daily by the class (in conjunction with the two minute setting-up drills) will secure:

a Proper voice support and lung power
b Development of the vocal organs
c Correct sound production and tone placement
d A full, rotund, open-mouth delivery of speech

Recommendations

1. That more credit be given for oral English in both high and elementary schools.
2. That in every high school there be at least one teacher competent to correct speech defects

3. That teachers be instructed to note on the monthly report cards any deficiency in the child's speech—this, to gain the proper co-operation of parents who otherwise might not consider it of great importance.

4. That teachers of the first grades, and especially teachers of handicapped children, attend our clinics to study the methods of correcting speech defects and the production of better speaking voices.

Respectfully submitted,

FREDERICK MARTIN,
Director of Speech Improvement.

VISITING TEACHERS

Mr. William H. Maxwell,
Superintendent of Schools.

Dear Sir:

I submit herewith the reports of the six visiting teachers for the year 1916-1917. At the opening of the school year three of these visiting teachers were assigned to new districts and three were reassigned to their former districts. The plan of work, assigning each visiting teacher to several schools, was followed as in the year before.

I submit extracts from their reports with a brief statement of one or two interesting cases that each visiting teacher has had:

Miss Jessie L. Louderback, assigned to Districts 6 and 7, and to schools 15, 35, 36, 91, and 188G, Manhattan, reports as follows:

"Districts 6 and 7 are occupied chiefly by Jewish families from Russia, Austria, and Hungary, who have been less than one generation in America. In District 6 there is also an Italian population, and throughout the two districts a sprinkling of Poles and Slavs. The visiting teacher worked intensively in three schools in District 7 along the East River, and less intensively in two schools in District 6.

Some cases were given to me for irregular attendance—not constituting truancy, but where absence was suspicious, or parents neglectful, or home conditions adverse. Generally these homes required but one visit, for the Jewish parents are ambitious for their children's progress, and their children are made to realize that regular attendance and advancement in scholarship go hand in hand. But other homes required radical action in order to have the cause of non-attendance removed. As instances:

'Rose's mother had promised to send Rosie to school regularly and had invariably failed. In this filthy home the Visiting Teacher found the pale, backward child with a faked doctor's excuse for absence. After a friendly talk, the mother agreed to send Rosie regularly to school, and to put her under the care of the Malnutrition Clinic at Bellevue. The Visiting Teacher secured her admission to an open air class, where the teacher gave her special attention. A volunteer worker helped her make up the English

lessons she had lost. Rosie now gets better home care, has been promoted both terms, and is improved in health.

'Two sisters were absent half days without excuse. The Visiting Teacher discovered they were caring for the father's illegitimate child while its mother walked the streets. The Visiting Teacher got the woman sent away, the child provided for, and brought home the older sister to care for the little girls who are now happy in a clean home.'

Children who were falling behind in scholarship, when their parents' attention was called to their failure, were as a rule given the more regular study, recreation, and sleeping hours suggested by the visiting teacher; more hygienic living, and when necessary, medical treatment. A few of these children were found to be feebleminded. For children who needed help in one or more subjects, or who were inattentive or disinterested or discouraged, or whose peculiarities needed studying, the visiting teacher started a study-hour at Christadora House. Outgrowing this room, we moved to the Auditorium of the Tompkins Square Library. Here Jewish Big Sisters and Hunter College students helped the children twice a week. Soon the class teachers noted an improvement in these children and remarked,

'Edna is doing so well; may Bessie and Frieda come, too, as they need help?' The little tots appreciated the personal interest that some one was taking in them, and their ambition was aroused to help themselves. Edna changed from C to A, her average for the term being B+. Nellie, who was in 8A on trial and had shed tears and spent hours over every difficult task, found out how to study, and made good not only in 8A but in 8B, and graduated in June. Sadie who was going to commit suicide, because a C in October put her back from 7A, and whose teasing family called her 'Left Back' and 'Put Back,' found new courage, acquired a happy expression, and became a shining member of 6B and 7A.'

Many cases of adverse home conditions, which react on the child's school life, have to be adjusted by the visiting teacher. There is a large number of step-parents in this community, and friction between 'his children, her children, and their children.' There is poverty due to too large families. There are misunderstandings and loss of personal control by foreign parents over their Americanized children. There is the attraction of the streets at night for which a counter attraction must be provided. For several girls of weak character, Big sisters were secured. Girls leaving school were helped to obtain positions. Several who asked for working papers because of poverty were kept in school through a re-adjust-

ment of family affairs. For one with a splendid record a scholarship was secured; for another, a loan till the father could work. All the Hebrew philanthropies have been called on freely, and have co-operated with the visiting teacher. In fact, all social agencies have been most helpful.

Districts 6 and 7 which had no visiting teacher before, have from the beginning entered heartily into the spirit of the work. One principal says to the visiting teacher, 'we couldn't get along without you;' another says, 'You have been a great help but we have enough work here to keep you just for our one school.'

The visiting teacher feels that another year, when the work is no longer new in the districts, will be even more successful."

Miss Cornelia L. Swinnerton, assigned to Districts 16 and 17, and for the most part to school 168, Manhattan, reports as follows:

"During the greater part of the year I was allowed to concentrate in one school, Public School 168. Here the principal had been asking for a visiting teacher for eleven years. In this one school there were 4,000 children, mostly Italian-American. Here I worked intensively with the children who were reported by the principal and teachers, 200 children in all. The method followed was to see each teacher and child in school as well as the principal before going to a child's home, then always reporting to teacher and principal again after the home call had been made. Everything was done by the principal to make co-operation between a child at school and at home possible. In this one school, Public School 168, I was given 220 cases. These 220 cases were all suitable visiting teacher cases.

The visiting teacher first and foremost is a teacher with an obligation towards each child's progress. The child whose school progress and conduct I can improve by making an improvement in home conditions, by getting proper agencies to relieve poverty or grant scholarships of money, by clearing misunderstandings of temperament—this child is a good visiting teacher 'case.' For example:

> 'Julie is only thirteen years old but her mother expects her to care for the baby twins (who are ill) at night and then get up at five o'clock in the morning to work. The mother regards Julie's regular attendance at school as mere naughtiness and laziness. This mother teased and tormented and beat Julie every day when she went to school, telling her that her place was in the home not in school until Julie could bear it no longer.

When I was sent to see what the home conditions were, I found that this mother really had no idea that there was a state compulsory education law. She was not a bad sort of a woman, only ignorant of everything American. When I told her that she would have to move to Africa or back to Italy, if she did not want her girls to go to school until they were fifteen, she laughed good-naturedly—no—she wanted to remain in New York. She promised not to put obstacles in the way of Julie's attending school any more. But she does and has to be taken to task every now and then.

This is a good preventive case that requires watching in order not to become a 'poor scholarship' case. Frequent visits must be made here in order that Julie's scholarship shall not fall below standard.'

'A mother who has twelve children wrote to the school principal for help in solving the home study problem. Three children are in college, two in high school, five attend public school. She said her problem was how to provide enough rooms for these children to prepare their lessons in.

The visiting teacher was sent to look into the matter and arrangements were made to have some of the children study in the public library, some in a settlement where home work is supervised, and some in the Young Men's Hebrew Association.'

'Paula was so nervous about a combination of home duties and worry over graduation that she begged the visiting teacher to call at her home. At her home I learned that Paula was worrying about her mother's sight. I found that she had not been to her oculist for eight years. Mrs. T. promised to go to see him the next day; she did so, got a new glass eye, (the old one had grown rough and irritating), proper medical treatment, and now has no trouble with either of her eyes. I learned that Paula habitually studied four hours a day and sat up until 11 P. M. every day. I saw Paula's teacher who said that one hour of home work was all Paula needed, and made an arrangement to have an older cousin or her brother tutor her a little. Paula's mother agreed that it was bad to have growing girls stap up late and promised to send her to bed at 9 o'clock. A week later Paula looked less nervous and harassed. Paula is the type of child a visiting teacher should keep on visiting.'

Summing up, these are the conclusions that are forced upon me. A visiting teacher should be an integral part of a school—one large school or two small ones. She must work from the inside of the school itself out into the families of the pupils and the neighborhood at large. She must have a room or a quiet corner in school where mothers and children can reach her. She cannot do her work well in the form of isolated errands, directed from a district superintendent's office, in fourteen different schools.

The visiting teacher must *concentrate* in order to co-operate. She must be a flexible but an integral part of the school itself. Her work is to make visits to the home and then back to the principal and the teacher, where, presumably, these visits will result in the improvement of scholarship and conduct."

Miss Margaret A. McGroarty, assigned to Districts 20 and 21, and to schools 39, 78, 85, 89, 102, 103, and 119, Manhattan, reports as follows:

"I beg leave to remark that a report limited to so few cases can give no adequate idea of the magnitude of the work, the difficulty of the character, and the diversity of the cases that tax the ingenuity and patience of a visiting teacher.

"*A—R—a girl aged* 13 *years*, a graduate of a public school attended high school for one term. When school opened in October 1916 the girl failed to attend and the principal reported the case to the Attendance Bureau. The Bureau was unable to secure the attendance of the child. The case was brought to my attention by the principal who asked me to take up the matter. After several futile attempts to interview the child's parents, I finally succeeded in being admitted to their apartment. I found the mother and child at home. The latter was studying Pitman's Manual of Phonography. The mother, when she learned who the visitor was, assumed a defiant attitude and refused to let the girl return to high school for the reason that the school was too far distant and, being a widow, could not afford carfare. The child herself, although anxious to study, did not seem inclined to return to school. After advancing many motives likely to influence both the mother and child favorably, and citing many instances of the advantage of an education I induced the child to agree to return to a junior high school, and the mother finally consented.

The principal made arrangements for the admission of the girl to the high school. She began to attend on December 12, 1916, and was present every school day until the end of the school year. A representative of the Attendance Bureau interviewed the child in school. I had an opportunity of observing her daily, and there is great probability that she will have no objection to attend the regular high school in September."

"*O—O'D*—14 *years old*. This case was reported as being due to parental neglect. I made several visits to the home before I succeeded in gaining admission. The mother went out to work and the girl took care of the baby on the streets or in the house of a neighbor. During a visit to this home, I discovered that she had not been to school for four weeks. I immediately took her to the principal and returned to the home. The child informed me that she had to remain at home to take care of the baby and that there

were three other children in the custody of the Children's Society. I interviewed the probation officer of the Children's Court and, with her, I visited the home at night. The child was out; the mother knew not where. The mother said that the baby would not be admitted to the day nursery as it has tuberculosis. The following morning I brought the girl and baby to the Board of Health clinic. The doctor in charge examined the baby, found no trace of T. B. and gave me a certificate to that effect. I then visited the Day Nursery and arranged for the admission of the baby. After this I returned to the home, gave the mother a note to the day nursery and made arrangements for the admission of the girl to school the following Monday.

A few days later the family moved. After some search I discovered that they had left the district of one school for that of another. About this time I requested the Judge of the Children's Court to allow the other children out on probation to be put in my charge. He granted this request. The mother complained that she had no shoes and clothing for the other children. I received a donation of $10.00 which I spent for clothing for the children, two of whom were promoted in February.

When I visited the new address I found that the family had no bedding and no dishes. Through the co-operation of a 'Big Sister' I was enabled to buy a table, chairs, window shades, and oil cloth. From the Child's Welfare League I procured dishes and clothing. A kind teacher donated a bed, including mattress and spring, a dresser, and two rockers. The mother was now employed as janitress and did some work in the neighborhood. Soon she secured a better position. I had the 14 year old girl remain in school and asked the truant officer to have the boys transferred, which he promised to do. I had the girl bring me a report of her progress weekly from the teacher. I visited the new address frequently, but they soon moved again.

The eldest girl is now in 5A. It is the first time in her school life that she has been present so many days in one year, and has given satisfactory attendance. The two boys were promoted in June.'

'E—B—age 13 years, in 6A class. The child had been away from home and associated with a Spanish girl who was disposed to roam. Two teachers visited the home before the report was made to me. On my visit I discovered that the child has been away from home at night on several occasions. She said that she stayed at the home of the Spanish girl, and that on one occasion she slept in the cellar of an apartment house in the vicinity of her home.

The girl's mother, who is a widow, is a native of Austria, and at that time had been in the United States for fourteen months. She is a dressmake and E— is her only child. The mother left

Austria on account of the conditions prevailing in Europe, being anxious for the safety of her child. She speaks several languages and has declared her intentions to become a citizen of the United States.

The mother reported her daughter's absence to the Police Department. A police officer turned the child over to the Children's Society under the charge of picking pockets. The case came up in the Children's Court before Judge Hoyt. The mother wishes to have the child committed to some convent, but on my request the Judge allowed the girl to go out on probation in custody of her mother. I arranged transfer to another school in order to separate the child from the companion mentioned above. I acquainted the principal with the facts of the case. The child was admitted to 6B with a teacher willing to co-operate in her uplift. The child was kept busy with class work, home work, and extra instruction after school. Under this regime the girl showed marked improvement, advancing rapidly from C to A. The child reported the teacher's record to me weekly, and to the probation officer every two weeks and on June 28th she was promoted to 7A. I have made arrangements to send the girl to the country for the summer, thereby offsetting the influence of her former companion during the vacation period.'

"The following case illustrates the danger to which children are exposed, when both parents go to work and leave the children alone all day:

'L—M—, an Italian girl, age 14 year, in 5A class was reported to me. I was shown a letter written by the girl and passed around among her classmates. I questioned the child concerning her companions and habits, examined her school record and found that she was rated C. Her associates were irregular attendants, one was a truant and in the hands of the truant officer.

I visited the home of this truant and found her there with two other children of whom I had no record. The parents of the truant worked all day and the girl was at liberty to do as she pleased at home. After some questioning I found that she and four other girls were in the habit of visiting the home of a boy nearby. This boy had the freedom of the home also while his mother worked all day. When I visited the school I found that the boy's record was bad. He and his companions had been in the truant school, and one had been an inmate of the Catholic Protectory for two years.

I reported this case to the Children's Society as one of immorality and parental neglect. The Society's officer called at the school and interviewed the girls, after which he took the four girls into custody. We then interviewed the two other girls and took them

into custody also. When the children were brought before Judge Levy I placed the letter in evidence with the request that His Honor would investigate the origin of the matter it contained. As a result of this investigation four other girls were implicated. Later, I had these girls brought before the court, and finally it developed that the matter of the letter had emanated from a young married woman who had told the story to a girl. The letter gradually passed from one school to another. I requested the Court to order that the boys be taken into custody and that the girls be placed on probation, which was done. Each child is now under the supervision of a 'Big Sister' as well as being subject to the vigilance of a probation officer. It is gratifying to report that the girls are giving great satisfaction in school and their teachers are well pleased both as to their attendance and application to study.'"

Miss Christine Schaefer, assigned to Districts 25 and 26, and to schools 2, 32, 40, 46, and 54, The Bronx, reports as follows:

"The cases assigned to me this year can be grouped into the following classes: Poor scholarship, frequent half-day absences, poor home conditions, and misconduct.

The first step is, of course, the home visit which in some instances has to be made evenings or at the parent's place of business. If children are left in charge of neighbors or relatives during the day, these too are visited and their co-operation sought. Sometimes the assistance of outside agencies is required, as various sectarian and non-sectarian charitable associations, clergymen, hospitals, dispensaries, milk stations, Big Sisters and Big Brothers, etc. Through co-operation of several relief societies we are at present sending some of our anemic children to the country. The principal or his representative is then informed of conditions in the home, and if thought best, the teacher is then informed, if time permits. From this point further action is governed solely by the needs of the individual case.

If after all remediable defects (physical) have been corrected, the unsatisfactory conditions still prevail, a mental test is resorted to. Here the need of more ungraded classes is evidenced by the fact that for every child who leaves one of them we have at least two waiting to be admitted.

In reviewing the work of the last year, truth compels me to state that the results obtained have not been as satisfactory to me (and I believe to my principals as well) as in the two years previous. The very nature of the work requires acquaintance and personal contact with the child assigned to the visiting teacher's care. This is practically impossible under the present arrangement of four or more schools to a visitor.

The work is bound to become more perfunctory where attention is given to a number of schools. To satisfactorily handle a case the visiting teacher must keep in touch with the teacher, for frequently the improvement which a home visit brings is but temporary, especially in the cases of frequent half day absences. In a short while, if not followed up, the child again becomes a victim of his own slack habits, or those prevailing in his home. Cases which require but one visit to clear up conditions, 'errands' or definite commissions, can, of course, be handled as readily for twenty schools as for two, but they, as a rule, do not present the greatest problems in the classrooms.

The following conditions operate against the efficacy of the work. Lack of time or opportunity to keep teacher informed of action taken. Lack of time or opportunity to see child in school when that is necessary. Frequently several visits must be made to the home before the child can be seen as it is either in school or on the street, especially in cases of bad home conditions. When the visiting teacher is not an integral part of the school, her visits are infrequent or casual as the attendance officer's.

I recommend that two large or three small schools be assigned to me, which will afford me chance to know the children, and that an office hour once a week in each school (after 3:30) be planned where teachers can meet the visiting teacher and talk over the progress of the cases and where mothers of the neighborhood can see us if they so desire

The following are a few cases illustrating the need of continued supervision over a long period:

"Nearly three years ago, Gussie, 13 years old in a 4A grade was reported for poor scholarship and misconduct. She and her father has but recently come from Russia and were living with a married sister, her mother, who had been separated from the father for years, had elected to remain in Russia. She was pretty well developed child vain sullen, and discontented because she could not have white shoes and stockings and dress like her friends. She was also ashamed of her father's [illegible] and made a general nuisance of herself. The school doctor examined her and discovered enlarged tonsils and astigmatism. The tonsils were removed and glasses provided but it required constant vigilance to make her wear them, she did not consider them becoming. Her scholarship did not improve perceptibly, and therefore we had a mental test made. She was pronounced a borderline case in general need of guidance on account of her fondness for clothes

Her lack of progress discouraged her and in this she was abetted by a chum who was in the second class in high school. The chum had money to spend, was remarkably homely and fond of boys' company, which she could secure most easily by taking Gussie to the movies because 'wherever Gussie is the boys come.' This had a demoralizing effect upon the girl for she began to go out evenings. The Big Sisters were appealed to but I found that more drastic action was necessary. Through special courtesy the girl was received into the Clara deHirsch home where she was to learn the millinery trade. They were very glad to discharge her at the end of five months. She cannot or will not adjust herself to her environment. As school is about to close we have again appealed to the Big Sisters to watch over her for the summer as she is not living with her people at all now but at a friend's house with the consent of her father. She ought to be in a custodial institution before disaster overtakes her rather than after. But her father will not consent at present.'

Illustrating the value of forwarding social record of children to new school.

'Michael, 10 years, 4A, drew a knife and attempted to use it on a classmate. Upon looking up his record family history, I found that each of his brothers in turn had been 'difficult' and was under the care of the visiting teacher. Two of them had been arrested and one was still on parole; the older brother was discharged by the judge because the woman who made a most serious charge did not have a very good reputation herself. All this information was obtained from the visiting teacher who had known them for years. A mental test showed the boy highly neurotic and carrying the stigmata of degeneration. He was transferred to another school, his pastor was interviewed and arrangements were made to send him away for the summer. He is not in the least feebleminded and has much potential good in him. Being an Italian boy it was considered more of a racial than an individual failing for him to attack another boy with a knife. He will be under constant observation without his knowledge for the rest of his time in school. All preventive agencies will be called upon to assist if necessary to save him from joining the criminal class.'

A pitiful case of desertion.

'Harry, 15 years, 6A, was reported for frequent absence due to home conditions. The family consists of an aged grandmother, a twenty year old brother who is not quite bright and who earns but eight dollars per week, and Harry. The boys' father is in The National Home for Soldiers in Virginia. The mother had deserted them five years ago. I telephoned to the company in which the

grandmother carries an insurance for the services of a nurse and doctor. The pastor of her church was also interviewed, but had given systematic but inadequate relief. An increase in her allowance was obtained. Finally an alarm was sent out for the errant mother through the aid of the Salvation Army. Harry's attendance improved and the circumstances of the family likewise.'"

Miss Alice B. Haines, assigned to Districts 28 and 30, and to schools 6, 13, 32, 46, 82, 124, and 172, Brooklyn, reports as follows:

"In October my work was changed from Districts 27 and 29 to Districts 28 and 30, Brooklyn. Every school in the two districts was visited to determine which schools most needed a visiting teacher. Schools 6, 13, 32, 46, 82, 124, and 172 were finally selected. Each school has been visited once a week. A report of the work on the cases received was given the following week when the school was again visited.

Although I have had more schools to visit this year, the number of cases reported to me was less than last year when I visited but two schools daily. This is probably due to the fact that I did not become well known among the teachers, many of them not knowing what my duties were.

It has been impossible to do as effective follow-up work this year, but an effort has been made to give each child a chance to re-adjust himself to the conditions required of him and to secure a more sympathetic relation between him and his teacher. Several physical defects were adjusted and the personal cleanliness of many children was much improved. The different organizations in the neighborhood have responded well when called upon for aid.

Three interesting cases follow:

'A boy was reported for poor scholarship and unfinished home work. At home there are three small children besides two others attending school. The family live in a small basement and the boy has no place to study except in the kitchen with all the children around him annoying him by taking his papers and books, often tearing them. I arranged for the boy to remain after school and study his lessons at school under the supervision of some teacher.'

A girl in one of the upper grades was constantly coming late. Her mother is a cripple and is unable to dress herself. The girl had to get breakfast, clean up, and dress the mother before coming to school. I arranged for the girl to do more of the work after school and for a married sister to help her with the mother. In this way the girl can do her work and get to school on time.'

"A number of boys about ten years of age were found smoking cigarettes on their way to school. They claimed they bought them from a small candy store. I obtained the names and addresses of all the stores where the boys bought the cigarettes and reported these to the 'Anti-cigarette League' of the W. C. T. These stores now sell no more cigarettes to minors. All of the boys but one promised not to smoke, and they have kept their promises.'"

Miss Kathryn E. Manley, assigned to Districts 39 and 40, and to seven schools in Brooklyn, reports as follows:

"During the past year the schools assigned to me having been increased from three to seven necessitated spreading effort and time over a much greater area, showing, consequently, less permanent results. In the new schools it was not possible to develop that spirit of mutual confidence and assistance between teacher and visitor that has been evident in the older group. An individual visiting a school once weekly is not regarded as a member of that school's staff. Where the visitor comes daily, the principal and teachers more readily ask assistance and advice about the child's peculiarities and home conditions, and by more frequent meeting, appreciate that the visiting teacher is not a critic but an advisor and helper—as willing to receive as to give assistance in her cases. A child who is troublesome today very often is the child whose home was visited yesterday where unfortunate conditions were found. A word to the teacher awakens sympathy that makes thinks easier for both pupil and teacher for the rest of the term. These cases while of untold benefit to the school cannot be reported as 'interesting,' but child and teacher appreciate and are grateful. The work this year has been mostly of a preventative rather than of a remedial value.

The greater number of cases of lateness and attendance were among the younger children, where it was possible by advising the parents and children to have the pupil start right, preventing greater lapses in later school life. Poor scholarship and bad conduct were called to the attention of parents who did not understand the marking of report cards, or who did not appreciate their responsibility. Many parents accept as truth, 'The teacher was too busy to give us report cards this month, but mine was good,' never growing interested until the child is left back, or until requested to visit the principal.

Girls whose conduct outside of school has been a source of worry, have been referred to the Jewish Big Sisters who are always willing and most helpful. Homes where a mother does not have the ability to manage the child are always

visited at night, and an appeal made to the father, very often with excellent result.

Cases of health and hygiene are helped by friendly visits and instruction. Some anemic children have been given milk and eggs procured through private charity. There have been few cases of poverty this year, and most of them were cared for by the parents associations, or special service clubs within the schools. Where home conditions cannot be remedied by friendly visits, the cases are referred to the S. P. C. C. and the Juvenile Probation Society, or the United Jewish Charities, who assume the responsibility.

Follow-up work is so absolutely essential in most cases that the visiting teacher never dares to feel that any case will 'stay put,' because it is almost impossible with so many cases to make the requisite number of revisits. She can only hope that with the wonderful co-operation given her by the schools that at least some good may result.

Case 1—Harry S., 6B, was reported as 'Inattentive, indifferent to work, a second term boy.' The teacher said 'The boy is not actually bad, but thoroughly indifferent. When called upon to read, he doesn't even know the place.' The boy had a very good home, was clean and well cared for. The mother said she didn't know what was wrong with the boy lately—he was bad at home, too, has fits of temper every few days without any cause; he fights with his sisters.' Here the visitor remembered that the teacher said: 'he never knows his place.' Possibly it was due to his physical condition, so after much probing the mother acknowledged that some years ago the boy had had fits. The visitor suggested that possibly his inattention was due to *petit mal*, a mild form of epilepsy, which would also account for his bad tempers. I advised the mother about diet and hygiene, and insisted on a visit to a specialist, who agreed that the old malady had returned and needed treatment which the boy is receiving. The teacher says the boy's work is much improved under the treatment and the boy will be promoted.'

Case 2—Sophie Z., 12 years old, in 5A, reported as 'Unpromising second term girl.' A visit to the home revealed the fact that Sophie frequently visited the burlesque—sometimes twice daily, getting home at 11 or 12 o'clock at night. Sophie generally did as she pleased. She earned the money for her trips, caring for a neighbor's baby, but refused to help her mother. The mother was afraid to act as she apparently had little influence over the girl. A visit was made at night when the father was home. The child was now advised, evidently with good results. The teacher says: 'Sophie is a changed girl,' and the child is doing much better at home.'

Licenses

In order to make the eligibility requirements for license as visiting teacher more definite and of a higher grade, the Board of Superintendents recommended under date of March 29, 1917, the following amendment to Section 74, subdivision 5 of the By-Laws:

> "To be eligible for license as visiting teacher, or as substitute visiting teacher, the applicant must have the following qualifications:
>
> (a) Graduate from a satisfactory high school or institution of equal or higher rank, or an equivalent academic training.
>
> (b) Four years of satisfactory experience in teaching or in social work, at least one of which shall have been spent in teaching and one in social work; or four years of satisfactory experience as visiting teacher. Experience as graduate trained nurse may be accepted year for year in lieu of experience in social work."

Value

Of the value of the work of visiting teachers there can be no question. These visitors do a work than cannot well be done by class teachers or truant officers and is pretty sure not to be done by them. The cases that they are called upon to handle are often those that are vital to the child's welfare, and require great tact in handling. In schools as large and crowded as are the schools in this city and made up of so many nationalities, and in some sections a rapidly changing population, the need of some one to bring about the closest possible relation between home and school is especially pressing. The experiment of employing visiting teachers has been tried for the past three years. This experiment was undertaken at the instance of the Public Education Association. Its merit has been proven. Every large school could well employ a visiting teacher, but such a request cannot be entertained. It does seem, however, that a request for one such teacher for each district, forty-six in all, would not be excessive.

Assignments

With a limited number employed, the question arises as to the best use to be made of these visiting teachers. In the case of the six employed, or even a considerably larger number, the assignments may be to one or two schools each, where more intensive work may be carried on, or they may be assigned to

a group of schools as has been done during the past two years. In favor of the former plan, the following arguments appear.

The visiting teacher is thereby made more clearly a member of the faculty of a school. It is more gratifying to her, and undoubtedly enables her to work to better advantage with the other teachers and with individual pupils. In this way she can meet frequently the children and their parents in special need of her attention, and can possibly put her finger on more definite results. On the other hand, an assignment to a group of schools will lead the visiting teacher to centre her attention on the most pressing cases in each locality, and to leave to the class teacher and truant officer cases that properly belong to them and can be handled by them.

As an illustration. If the visiting teacher is to handle three hundred cases during the year, shall it be three hundred from one school, including all varieties, thus relieving the class teachers of any responsibility, or shall the three hundred be the most difficult cases in a group of schools, cases that the class teachers cannot well handle because of the number of visits necessary, the hour of the day when the visits must be made, or the peculiar conditions involved? If the former, then clearly all the other schools in a group, except the one favored, must be entirely neglected. It is a trite saying and clearly evident that class teachers should visit homes occasionally, should know the parents personally, should be familiar with the neighborhood and each child's environment. If this were done, most cases of irregular attendance, lack of interest in school work, bad conduct would be easily and satisfactorily settled. There would yet remain, however, some cases that class teachers and truant officers cannot well handle, cases that require many visits, cases that would be sure to be passed by except for the employment of a person who will patiently and persistently follow up to a successful conclusion.

To my mind, it is better, with a very limited number of these visiting teachers, to follow the plan at present in vogue — to assign each visiting teacher to a group of schools and expect her to centre her efforts on the cases in most need of attention.

Respectfully submitted,

ANDREW W. EDSON,

Committee on Elementary Schools.